

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003231 AF

**DOCUMENT # A93000000976**  
 1. Entity Name  
**EUREKA PLAZA COMPANY, LTD.**

**FILED**  
 01 APR 20 PM 12:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: **5082 COCONUT CREEK PKWY. MARGATE FL 33063**  
 Mailing Address: **5082 COCONUT CREEK PKWY. MARGATE FL 33063**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-1543134**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PROCACCI, PHILIP J**  
**5082 COCONUT CREEK PKWY.**  
**MARGATE FL 33063**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$1,386,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_  
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>K16732</b>
NAME	<b>PROCACCI COMMERCIAL REALTY, INC.</b>
STREET ADDRESS	<b>5082 COCONUT CREEK PKWY.</b>
CITY-ST-ZIP	<b>MARGATE FL 33063</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

~~200004137502 1~~  
~~-05/04/01--01109--026~~  
~~\*\*\*\*535.00 \*\*\*\*535.00~~

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X Philip J. Proccaci  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: 4/16/01 Daytime Phone #: (904) 979-5082

CR2E003 (11/00)