

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000001743

1. Entity Name
FONTANA PLAZA, LTD.

FILED

00 FEB -3 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1005 RUSSELL DRIVE, #2
HIGHLAND BEACH FL 33487

Mailing Address
1005 RUSSELL DRIVE, #2
HIGHLAND BEACH FL 33487-4267

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 65-0628041
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

PASIN, MITCHEL
1005 RUSSELL DRIVE, #2
HIGHLAND BEACH FL 33487

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$223,068.00

10. Amount of Capital Contributions in FLORIDA to date. 223068.00

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 # P95000042510
NAME FONTANA PLAZA CORPORATION
STREET ADDRESS 1005 RUSSELL DRIVE, #2
CITY - ST - ZIP HIGHLAND BEACH FL 33487

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #