

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000667**

1. Entity Name

**PLAZA DE FLORES, LTD.**

Principal Place of Business

**2 N. TAMiami TRAIL  
SUITE 210  
SARASOTA FL 34236**

Mailing Address

**2 N. TAMiami TRAIL  
SUITE 210  
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**

**00 OCT 14 PM 3:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0837195**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL, CULLIS, TIMM, FUREN & GINSBURG, PA  
2033 MAIN STREET, SUITE 600  
SARASOTA FL 34237**

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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**10/13/00**  
DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000096346**  
NAME **PLAZA DE FLORES DEVELOPMENT CORPORATION**  
STREET ADDRESS **2 N. TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS

CITY-ST-ZIP

**100003413691--0**

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**9-28-00**

CR2E003 (5/00)



THE UNITED STATES  
CORPORATION  
COMPANY

# A97000000667

ACCOUNT NO. : 072100000032

REFERENCE : 852818 3487A

AUTHORIZATION :

*Patricia Pujant*

COST LIMIT : \$ 650.00

ORDER DATE : October 4, 2000

ORDER TIME : 10:53 AM

ORDER NO. : 852818-010

CUSTOMER NO: 3487A

CUSTOMER: Robert E. Messick, Esq  
Icard Merrill Cullis Timm  
Suite 600  
2033 Main Street  
Sarasota, FL 34237

FILED  
00 OCT 23 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

*Σ*

NAME: PLAZA DE FLORES, LTD.

XX REINSTATEMENT

*400A00052676*

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

*Σ*  
*10/3*

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS

00 OCT 11 AM 11:47

RECEIVED