

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002446

1. Entity Name

PLAZA DE FLORES OPERATIONS, LTD.

Principal Place of Business

2 NORTH TAMiami TRAIL, SUITE 210
SARASOTA FL 34236

Mailing Address

2 NORTH 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

4. FEI Number 65-0837194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESSICK, ROBERT E ESQ.
ICARD, MERRILL, ET AL
2033 MAIN ST., STE. 600
SARASOTA FL 34237

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.

\$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

DOCUMENT # P96000096346
NAME PLAZA DE FLORES DEVELOPMENT CORP.
STREET ADDRESS 2 NORTH TAMiami TRAIL, SUITE 710
CITY-ST-ZIP SARASOTA FL 34236

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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

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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:

Robert E. Messick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-28-00

Date

Daytime Phone #

FILED

00 OCT 14 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE



A97000002446

ACCOUNT NO. : 072100000032

REFERENCE : 852818 3487A

AUTHORIZATION :

Patricia Pijoto

COST LIMIT : \$ 650.00

ORDER DATE : October 4, 2000

ORDER TIME : 10:54 AM

ORDER NO. : 852818-020

CUSTOMER NO: 3487A

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

FILED
00 OCT 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: PLAZA DE FLORES OPERATIONS,
LTD.

XX REINSTATEMENT

000 A00052678

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS
DIVISION OF CORPORATION

00 OCT 11 AM 11:44

RECEIVED

3K 10/3

3K 104