

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 26 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0004719  
AV

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.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number  
**65-0837194**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**MESSICK, ROBERT E ESQ.  
ICARD, MERRILL, ET AL  
2033 MAIN ST., STE. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 CORP.**  
STREET ADDRESS **2 NORTH TAMiami TRAIL, SUITE 710**  
CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS  
CITY-ST-ZIP  
**388805449603--6**  
**-05/03/02--01045--005**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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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]* **SOL ROTEN** *April 19/02* **416-222-1221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)