

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002446**

1. Entity Name
PLAZA DE FLORES OPERATIONS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 11 PM 3:15

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

DUE BY SEPTEMBER 24, 2003

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

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)

100022968601

09/11/03--01074--002 **541.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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

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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.

SOL ROTER FOR PLAZA DE FLORES DEVELOPMENT CORP.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/27/03
Date

416 222 1221
Daytime Phone #

CR2E003 (4/03)

0001634 AT

STAPLE CHECK HERE