

2000: UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000467**

1. Entity Name

PALM BEACH PLAZA, LTD.

Principal Place of Business

333 41ST STREET, SUITE 900
MIAMI BEACH FL 33140

Mailing Address

333 41ST STREET, SUITE 900
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

LEVEY, JEFFREY E

2665 SOUTH BAYSHORE DRIVE, SUITE 1004
COCONUT GROVE FL 33133

Name

David Dardashti

Street Address (P.O. Box Number is Not Acceptable)

3511 West Commercial Boulevard
Suite 307

City

Fort Lauderdale

FL

Zip Code

33309

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)

DATE

9/11/00

9. Capital Contributions
as Shown on record.

\$10,000.00

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 # **P95000074106**
NAME **BENO ENTERPRISES, INC.**
STREET ADDRESS **333 41ST STREET, SUITE 900**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

STREET ADDRESS
CITY-ST-ZIP **800003409108--4**
09/29/00 01017-011
*******550.00 *****550.00**

DOCUMENT #
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

9/11/00

CR2E003 (5/00)