

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006566 AF

**DOCUMENT #** A98000000467  
**1. Entity Name**  
 PALM BEACH PLAZA, LTD.

FILED  
 01 APR 27 PM 3: 53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**      **Mailing Address**  
 3511 WEST COMMERCIAL BLVD., SUITE 307      3511 WEST COMMERCIAL BLVD., SUITE 307  
 FORT LAUDERDALE FL 33379      FORT LAUDERDALE FL 33379

**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**      Applied For  
 NOT APPLICABLE      Not Applicable  
**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 DARDASHTI, DAVID  
 3511 WEST COMMERCIAL BLVD., SUITE 307  
 FORT LAUDERDALE FL 33379

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	3511 West Commercial Blvd #307
CITY-ST-ZIP	Fort Lauderdale, FL 33309
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004194413--0
CITY-ST-ZIP	-05/10/01--01124--010
	***167.50 ***167.50
STREET ADDRESS	
CITY-ST-ZIP	

70.00 - 4p  
 88.75 - Adm  
 8.75 - Cert

**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:** *David Dardashti*      **04/25/01**      **954-714-8200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)