

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013769 AF

DOCUMENT # **A98000001605**

1. Entity Name

**PARK PLACE INTERNATIONAL LTD.**

Principal Place of Business

**2880 W. OAKLAND PARK BLVD., #118  
FT. LAUDERDALE FL 33311**

Mailing Address

**2880 W. OAKLAND PARK BLVD., #118  
FT. LAUDERDALE FL 33311**

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

**65-0852669**

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

**SCHMOCKER, SUSANNA  
C/O I&S MANAGEMENT, INC.  
2880 W. OAKLAND PARK BLVD., #118  
FT. LAUDERDALE FL 33311**

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

*Susanna Schmocker*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/01**

9. Capital Contributions  
as Shown on record.

**\$7,500.00**

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 # **P95000068252**  
NAME **AD INVESTMENTS, INC.**  
STREET ADDRESS **2880 W. OAKLAND PARK BLVD., #118**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **DIXIE INVESTMENT MANAGEMENT, INC**  
NAME **2880 W. OAKLAND PARK BLVD., #118**  
STREET ADDRESS **FT. LAUDERDALE FL 33311**  
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:

*Susanna Schmocker*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/18/01**

DO NOT WRITE IN THIS SPACE

FILED

01 JUN 21 PM 4: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2EN03 (11/00)