

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004662 AF

DOCUMENT # **A98000001997**

1. Entity Name

**PLAZA LINDA I, LTD.**

**FILED**

01 APR 23 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**5446 NORTH BAY ROAD  
MIAMI BEACH FL 33140**

**5446 NORTH BAY ROAD  
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

**PO Box 402097**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL**

4. FEI Number

**65-0859761**

Applied For

Not Applicable

Zip

Country

**33140-2097**

Country

**USA**

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

**GLOTTMAN, SAUL  
5446 NORTH BAY ROAD  
MIAMI BEACH FL 33140**

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

9. Capital Contributions as Shown on record.

**\$1,905,000.00**

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 # **P98000074456**  
NAME **FLORIDA KIDS #2 CORPORATION**  
STREET ADDRESS **5446 NORTH BAY ROAD**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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:  **SIGNATURE REQUIRED** **SAUL GLOTTMAN** 1-29-01 (305) 868-5131  
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)