

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001703**

1. Entity Name  
**BIG LOTS PLAZA LIMITED**

FILED

00 MAR 27 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE FL 33316

Mailing Address  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE FL 33316-1109

2. Principal Place of Business

3. Mailing Address  
*666 Sherbrooke St. W.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
*2300*

City & State

City & State  
*Montreal, Quebec*

4. FEI Number  Applied For  
 Not Applicable

Zip Country

Zip Country  
*H3A 1E7 Canada*

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

**PERLOFF, JOHN W ESQ.**  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE FL 33316

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. **\$850,000.00** 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 # **P99000091192**  
NAME **BIG LOTS PLAZA CORP.**  
STREET ADDRESS **1177 S.E. 3RD AVENUE**  
CITY - ST - ZIP **FORT LAUDERDALE FL 33316**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Jack Sofer Feb. 23/00 (514) 845-6393*  
Date Daytime Phone #

CR2E003 (9/99)