2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001703

1. Entity Name

BIG LOTS PLAZA LIMITED

Principal Place of Business	Mailing Address
666 SHERBROOKE ST. W., #2300 MONTREAL, QUEBEC, CANADA H3A 1E7	666 SHERBROOKE ST. W., #2300 MONTREAL, QUEBEC, CANADA H3A 1E7

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DUE BY SEPTEMBER 26, 2001

Zip	Country	Zip	Country

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

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

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 _____

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. $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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CR2E003 (5/01)

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   Date   Daytime Phone #

STAPLE CHECK HERE