

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F57730

1. Entity Name
NU PLAZA, INC.

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90074 014 ***150.00

03/7/83 AV

Principal Place of Business
2715 SPANISH RIVER ROAD
BOCA RATON FL 33432

Mailing Address
2715 SPANISH RIVER ROAD
BOCA RATON FL 33432



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 22-2378304 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWARTZ, ZELMA
2715 SPANISH RIVER RD
BOCA RATON FL 33432

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWARTZ, FRED
STREET ADDRESS 2715 SPANISH RIVER ROAD
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE VD
NAME SCHWARTZ, SUSAN
STREET ADDRESS 17992 FOXBOROUGH LANE
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE STD
NAME SCHWARTZ, DOUGLAS R.
STREET ADDRESS 2410 HALYARD DRIVE
CITY-ST-ZIP MERRICK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Schwartz* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Fred Schwartz 1/21/02 361-368-1752
Date Daytime Phone #

CR2E034 (9/01)