

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10319

1. Entity Name

THE PLAZA AT JAMES, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90045 018 ***150.00

Principal Place of Business

% ABRAHAM A. GALBUT, ESQ.
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address

% ABRAHAM A. GALBUT, ESQ.
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139-5015

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

59-2232679

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

GALBUT, ABRAHAM A., ESQ.
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GALBUT, RUSSELL W.
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL

TITLE PS ☐ Change ☐ Addition
NAME ABRAHAM A. GALBUT
STREET ADDRESS 999 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VPST ☐ Delete
NAME GOLBET, ABRAHAM A
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL

TITLE VPT ☐ Change ☐ Addition
NAME RUSSELL W. GALBUT
STREET ADDRESS 555 NE 15 ST
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 life and non-covered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 305 672-3100

Date

Daytime Phone #