

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L90220

1. Entity Name

AMADEUS PLAZA MANAGEMENT, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90199 012 ***150.00

Principal Place of Business

175 TONEY PENNA DR.
JUPITER FL 33458

Mailing Address

175 TONEY PENNA DR.
JUPITER FL 33458-5747

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 65-0217313

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

7. Name and Address of New Registered Agent

TOMC, VERONICA
175 TONEY PENNA DR.
JUPITER FL 33477

Name Nadia Nevismal-Ricci
Street Address (P.O. Box Number is Not Acceptable)
175 Toney Penna Dr.
City Jupiter FL Zip Code 33458

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 Nadia Nevismal-Ricci

DATE 04/17/2000

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

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	P	<input checked="" type="checkbox"/> Delete
NAME	NEVSIMAL, GUSTAV	
STREET ADDRESS	114 SPYGLASS LANE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TOMC, VERONICA	
STREET ADDRESS	11500 WESTWOOD BLVD. APT 1536	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	NEVSIMAL, INGE	
STREET ADDRESS	114 SPYGLASS LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVSIMAL, GUSTAV	
STREET ADDRESS	199 Regatta Drive	
CITY-ST-ZIP	Jupiter, FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVSIMAL, Inge	
STREET ADDRESS	199 Regatta Drive	
CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVSIMAL-RICCI, NADJA	
STREET ADDRESS	137 Intracoastal Circle	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Nadia Nevismal-Ricci

DATE 04/17/2000 (SG) 743-9424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #