

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90026 038 *****50.00

0013472

DOCUMENT # M00000002102

1. Entity Name

PLAZA PLANTATION, LLC

Principal Place of Business

**650 MADISON AVENUE, 17TH FLOOR
NEW YORK NY 10022**

Mailing Address

**150 S.E. 12TH ST., STE. 301
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

8211 W Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

City & State

City & State

Plantation, FL

Zip

Country

Zip

Country

33324**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1050046

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM						
	STEVEN A. SANTOLLA						
	150 SE 12TH STREET, #301						
	FORT LAUDERDALE FL 33316						
	MGRM						
	LIHAN, THOMAS A						
	150 SE 12TH STREET, #301						
	FORT LAUDERDALE FL 33316						

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Signature Required
Steven A. Santolla 1/22/02 954-476-8191

Date

Daytime Phone #

CR2E083 (9/01)