

# 2000 UNIFORM BUSINESS REPORT (UBR)

00X5519 AF

**DOCUMENT # M99000000397**

1. Entity Name  
**NORTHWOOD PLAZA, LLC**

**FILED**

**00 JAN 27 AM 11:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O GERALD J. HOLSTEIN  
8320 W. SUNRISE BLVD., SUITE 108  
PLANTATION FL 33322**

Mailing Address  
**C/O GERALD J. HOLSTEIN  
8320 W. SUNRISE BLVD., SUITE 108  
PLANTATION FL 33322-5434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0754492** **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAMONTE, JONATHAN JAMES  
12110 SEMINOLE BLVD.  
LARGO FL 33778**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
VERO PALM ESTATES, LTD.  
8320 W. SUNRISE BLVD., SUITE 108  
PLANTATION FL 33322** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**6000003119726--6  
-02/01/00--01137--010  
\*\*\*\*\*\$5.00** ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 OR MANAGER

**JOHN HOLDEN**

Date

Daytime Phone #

**1/25/2000 (954) 370-8220**

CR2E083 (9/99)