FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90047 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040313

90133494

1. Entity Name
PLUM'S PLAZA BUILDING, INC.

Principal Place of Business	Mailing Address
2411 NE 32ND COURT LIGHTHOUSE POINT, FL 33064	2411 NE 32ND COURT LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business	3. Mailing Address
1250 E HALLANDALE BCH BLVD	1250 E HALLANDALE BCH BLVD
Suite, Apt. #, etc. 1004	Suite, Apt. #, etc. 1004
City & State HALLANDALE, FL	City & State HALLANDALE, FL
Zip 33009 Country USA	Zip 33009 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1003546 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REITANO, GERARD A
2411 NE 32ND COURT
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name THOMAS R. HERRERA
Street Address (P.O. Box Number is Not Acceptable) 1250 E HALLANDALE BCH BLVD SUITE 1004
City HALLANDALE FL Zip Code 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas R Herrera 04/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REITANO, GERARD A 2411 NE 32ND COURT LIGHTHOUSE POINT, FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP REITANO, GERARD A P.O. Box 51860 LIGHTHOUSE POINT, FL 33075 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 04/28/03 954-457-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)