

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90033 003 ***150.00

DOCUMENT # P00000054750

1. Entity Name

PLAZA RESORTS NORTH MIAMI, INC.

Principal Place of Business

**2419 E COMMERCIAL BLVD SUITE 100
FORT LAUDERDALE FL 33308**

Mailing Address

**2419 E COMMERCIAL BLVD SUITE 100
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

313 NE 167th Street

3. Mailing Address

Suite, Apt. #, etc.

North Miami Bch, FL

City & State

33162 USA

Zip

Country

Zip

Country

4. FEI Number

65-1015555

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

**BLODIG, GREGORY J ESQ
GREENSPOON MARDER HIRSCHFELD ET AL.
100 WEST CYPRESS CREEK ROAD SUITE 700
FT LAUDERDALE FL 33309**

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, 2001 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 **D** ☐ Delete
NAME **GROSSMAN, MITCH**
STREET ADDRESS **2419 E COMMERCIAL BLVD SUITE 100**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Change ☒ Addition
NAME **Officer Christina Hayden**
STREET ADDRESS **2419 E Commercial Blvd # 100**
CITY-ST-ZIP **FL. Lauderdale, FL 33308**

TITLE **D** ☐ Delete
NAME **VERILLO, JAMES**
STREET ADDRESS **2419 E COMMERCIAL BLVD SUITE 100**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE **D** ☐ Delete
NAME **LAMBERT, DANIEL**
STREET ADDRESS **2419 E COMMERCIAL BLVD SUITE 100**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

Christina Hayden **Christina Hayden** **4/23/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)