2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P02000131129

Mailing Address

1. Entity Name

Principal Place of Business

BOCA RATON PLAZA MANAGEMENT CORPORATION



FILED Mar 14, 2003 8:00 am Secretary of State

03-14-2003 90058 028 ***150.00

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BOOK BATTON OF ACID.		2901 N FEDERAL HWY BOCA RATON FL 33431	2901 N FEDERAL HWY BOCA RATON FL 33431					
2. Principal	Place of Business	3. Mailing Address	Mailing Address					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Sta		City & State	City & State			05 05 45 404	Applied For Not Applicable	
Zip	Country	Zip	,		5.	Certificate of Status Desired S8.75 A	dditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVE. STE. 200 TALLAHASSEE FL 32302				Name John P. Wilkes Street Address (P.O. Box Number is Not Acceptable) John P. Wilkes, P.A. 901 South Federal Highway, Suite 101A City Fort Lauderdale FL Zip Code 333316				
	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age				gistered ac	gent, or both, in the State of Florida. Tam familiar with	o, and accept	
FILE NOW!!! FEE IS \$ 50.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							00 May Be	
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	PD Wagner, John	☐ Delete	TITLE		VD	∠X Change	☐ Addition	

TITL STREET ADDRESS 2901 N FEDERAL HWY STREET ADDRESS 2901 N FEDERAL HIGHWAY CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP BOCA RATON, FL 33431 TITLE VD ☐ Delete TITLE Change ☐ Addition NAME POLIDORO, WILLIAM POLIDORO, WILLIAM 2901 N FEDERAL HIGHWAY STREET ADDRESS 2901 N FEDERAL HWY STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP BOCA RATION, FL 33431 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with his filling 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 changed, or on an attachment with an address, with all other tike empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGN