

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2008 08:00 AM
Secretary of State**

DOCUMENT # P04000126182

1. Entity Name
PLAZA NORTH MANAGEMENT, INC



Principal Place of Business
**405 DOUGLAS AVE STE 1955
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**405 DOUGLAS AVE STE 1955
ALTAMONTE SPRINGS, FL 32714**



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1780634

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SINGER, BARRY
405 DOUGLAS AVE STE 1955
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000884832
04/17/08-80059-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SINGER, BARRY
STREET ADDRESS	2301 AVE I
CITY- ST- ZIP	BROOKLYN, NY 11210
TITLE	V
NAME	SINGER, CHAYA
STREET ADDRESS	2301 AVE I
CITY- ST- ZIP	BROOKLYN, NY 11210
TITLE	VS
NAME	MERZER, RICHARD H
STREET ADDRESS	16 EAST 34TH STREET
CITY- ST- ZIP	NEW YORK, NY 10016
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/08 407-774-1600