

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90050 030 \*\*\*150.00

**DOCUMENT # P93000037100**

1. Entity Name

**PLAZA 67, INC.**

Principal Place of Business

Mailing Address

**C/O MARK ZAND, CPA  
 300 S. PINE ISLAND ROAD, SUITE 110  
 PLANTATION FL 33324  
 US**

**C/O MARK ZAND, CPA  
 300 S. PINE ISLAND ROAD, SUITE 110  
 PLANTATION FL 33324-2619  
 US**

HUUZ0111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0436033**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**ZAND, MARK CPA  
 300 S. PINE ISLAND ROAD, SUITE 110  
 PLANTATION FL 33324**

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, 2000 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SZIRTES, JULIAN</b>	
STREET ADDRESS	<b>11 BENTLEY AVE</b>	
CITY-ST-ZIP	<b>NEPEAN, ONTARIO, CANADA K2E6T7</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SZIRTES, PETER</b>	
STREET ADDRESS	<b>11 BENTLEY AVE</b>	
CITY-ST-ZIP	<b>NEPEAN, ONTARIO, CANADA K2E6T7</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SZIRTES, RICHARD</b>	
STREET ADDRESS	<b>11 BENTLEY AVE</b>	
CITY-ST-ZIP	<b>NEPEAN, ONTARIO, CANADA K2E6T7</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 and all other like empowered.

**SIGNATURE:**

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Julian Szirtes**

Date

**(613) 727-0167**

Daytime Phone #

CR2E034 (9/99)