

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90027 023 ***150.00

0139871

DOCUMENT # P93000054253

1. Entity Name

COCONUT CREEK PLAZA CORPORATION

Principal Place of Business

**23001 STATE RD 7
 BOCA RATON FL 33428
 US**

Mailing Address

**5370 NW 103RD WAY
 CORAL SPRINGS FL 33076
 US**

R0059028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7682 Wilkes Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs

4. FEI Number

65-0422773

Applied For

Not-Applicable

Zip

Country

Zip

Country

33067

Broward

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

**TROLA, AUDREY M
 5370 NW 103RD WAY
 CORAL SPRINGS FL 33076**

Name

Street Address (P.O. Box Number is Not Acceptable)

7682 Wilkes Rd

City

Coral Springs

FL

Zip Code

33067

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.

(NOT)

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 **DPT** ☐ Delete
 NAME **TROIA, ROSARIO**
 STREET ADDRESS **5370 NW 103RD WAY**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **DPT** ☒ Change ☐ Addition
 NAME **ROSA RIO TROIA**
 STREET ADDRESS **7682 Wilkes Rd**
 CITY-ST-ZIP **Coral Springs FL 33067**

TITLE **DSVP** ☐ Delete
 NAME **TROIA, ANDREY M**
 STREET ADDRESS **5370 NW 103RD WAY**
 CITY-ST-ZIP **CORAL SPRINGS FL 33073**

TITLE **DSVP** ☒ Change ☐ Addition
 NAME **TROIA, Audrey M.**
 STREET ADDRESS **5370 NW 103RD WAY**
 CITY-ST-ZIP **Coral Springs FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/01 (604) 316-2775

CR2E034 (10/00)