

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066948

1. Entity Name
PLANTATION MEADOWS APARTMENTS, INC.

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90113 045 ***550.00

Principal Place of Business

7221 NW 16TH ST
C168
PLANTATION FL 33313
US

Mailing Address

1685 W. COMMERCIAL BLVD
#39A
FT LAUDERDALE FL 33303
US

2. Principal Place of Business

7261 NW 16th ST.

Suite, Apt. #, etc.

B-144

City & State

PLANTATION, FL

Zip

33313

Country

US

3. Mailing Address

5115 NW 17th TERRACE

Suite, Apt. #, etc.

#39A

City & State

FT. LAUDERDALE FL

Zip

33309

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0437906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAPAGEORGE, SPYROS
7221 NW 16TH ST C-168
FORT LAUDERDALE FL 33313

7. Name and Address of New Registered Agent

Name

PAPAGEORGE, SPYROS

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

7261 NW 16th ST. B-144

City

PLANTATION

FL

Zip Code

33313

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PAPAGEORGE, SPYROS	
STREET ADDRESS	% 4001 N UNIVERSITY DR #A-108	
CITY-ST-ZIP	SUNRISE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PAPAGEORGE, MELANIE	
STREET ADDRESS	% 4001 N UNIVERSITY DR #A-108	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAPAGEORGE, JOHN	
STREET ADDRESS	% 4001 N UNIVERSITY DR #A-108	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/01 / 954/267-9190
Date Daytime Phone #

CR2E034 (10/00)