

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91390 001 \*\*\*150.00

00265005 AV

**DOCUMENT # P93000066948**

1. Entity Name  
**PLANTATION MEADOWS APARTMENTS, INC.**



Principal Place of Business  
**7261 NW 16TH ST  
B-144  
PLANTATION FL 33313  
US**

Mailing Address  
**5115 NW 17TH TERR  
#39A  
FT LAUDERDALE FL 33303  
US**



2. Principal Place of Business

3. Mailing Address

**7261 NW 16TH  
Suite, Apt. #, etc.  
B-144**

Suite, Apt. #, etc.

City & State  
**Plantation FL**

City & State

Zip  
**33313**

Country  
**USA**

Zip

Country

4. FEI Number **65-0437906**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAPAGEORGE, SPYROS  
7261 NW 16TH ST  
B-144  
FORT LAUDERDALE FL 33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **PAPAGEORGE, SPYROS**  
STREET ADDRESS **% 4001 N UNIVERSITY DR #A-108**  
CITY-ST-ZIP **SUNRISE FL**

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

TITLE **ST** ☐ Delete  
NAME **PAPAGEORGE, MELANIE**  
STREET ADDRESS **% 4001 N UNIVERSITY DR #A-108**  
CITY-ST-ZIP **SUNRISE FL**

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

TITLE **VP** ☐ Delete  
NAME **PAPAGEORGE, JOHN**  
STREET ADDRESS **% 4001 N UNIVERSITY DR #A-108**  
CITY-ST-ZIP **SUNRISE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 reports 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 REQUIRED PAPAGEORGE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-03**

**954 267-9190**

Date

Daytime Phone #

CR2E034 (10/02)