

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
 04-28-2000 90050 045 ***150.00

DOCUMENT # P94000000346

1. Entity Name
PASADENA AT PLS, INC.

Principal Place of Business 11801 PEMBROKE RD SUITE 100 PINES FL 33025 US	Mailing Address 11801 PEMBROKE RD SUITE 100 PEMBROKE PINES FL 33025-1733 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0460832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 E.H.G. RESIDENT AGENTS, INC.
 5100 TOWN CENTER CIRCLE
 SUITE 330
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name: E.H.G. Resident Agents Inc
 Street Address (P.O. Box Number is Not Acceptable) 5100 Town Center Circle Ste 330
 City Boca Raton **FL** Zip Code 33486

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 E.H.G. Resident Agents Inc. **DATE** 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER, DAVID J	
STREET ADDRESS	175 NW FIRST AVE. STE. 2000 COURTHOUSE CNT	
CITY-ST-ZIP	MIAMI FL 33128-9965	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT B	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MILLER, LEONARD	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BERGER, ADOLPH J	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KALIN, MORTON	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	
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		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)