## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P94000008980** ISLAND PLAZA PARTNERS CORPORATION 04-30-2001 90088 031 \*\*\*150.00 Principal Place of Business Mailing Address 2655 N OCEAN DR 2655 N OCEAN DR SUITE 500 SUITE 500 SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0464463 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGEL, LINDA K Street Address (P.O. Box Number is Not Acceptable) 2655 N OCEAN DR SUITE 500 SINGER ISLAND FL 33404 City Zip Code 8. The above named tity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. Linda K. Engel, Vice President 4/18/01 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change WIITA, B. BRIAN Brian Wiita NAME STREET ADDRESS 2655 N OCEAN DR., SUTE 500 2655 N. Ocean Drive, Suite 500 STREET ADDRESS CITY-ST-ZIP SINGER ISLAND FL 33404 Singer Island, FL CITY-ST-ZtP TITLE Delete TITLE ENGEL, LINDA K NAME NAME Linda K. Engel STREET ADDRESS 2655 N OCEAN DR SUITE 500 2655 N. Ocean Drive, Suite 500 STREET ADDRESS CITY-ST-ZIP SINGER ISLAND FL 33404 CITY-ST-ZIP Singer Island, FL 33404 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RUE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 of 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 additional supplemental report is true and officer or director.

CITY-ST-ZIP

SIGNATURE:

Brian Wiita

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

561-844-7700

Daytime Phone #

CR2E034 (10/00)