2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p 95000042510

1. Entity Name

FONTANA PLAZA CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -1 AM 9:40

Principal Place of Business	Mailing Address
1005 Russell DR #2 Highland Beach FLA 33487	(Same)

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 65-0628041 ☐ Applied For ☐ Not Applicable

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
	Name: MITCHELL PASIN Street Address (P.O. Box Number is Not Acceptable): 1005 Russell Drive #2 City: HIGHLAND Bch FL Zip Code: 33487

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: Mitchell C. Pasin MITCHELL PASIN 4/30/01
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	D	STREET ADDRESS	
NAME	MITCHELL PASIN	CITY-ST-ZIP	
STREET ADDRESS	1005 Russell Dr. #2	STREET ADDRESS	600H04324265--0
CITY-ST-ZIP	Highland Bch FLA 33487	CITY-ST-ZIP	-05/30/01--01052--001 ****150.00 ****150.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Mitchell C. Pasin MITCHELL PASIN 4/30/01 561-607-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #