

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90166 027 ***150.00

DOCUMENT # P96000083709

1. Entity Name
PL APARTMENTS, INC.

Principal Place of Business

10718 KIRKALDY
 BOCA RATON FL 33498
 US

Mailing Address

10718 KIRKALDY
 BOCA RATON FL 33498
 US

2. Principal Place of Business

4800 NORTH FEDERAL HWY.

Suite, Apt. #, etc.
SANCTUARY CENTRE, STE. D-100

City & State
BOCA RATON, FL

Zip
33431

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0700916**

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

LICHTMAN, JONATHAN J P.A.
SANCTUARY CENTRE
4800 N FEDERAL HWY STE D100
BOCA RATON FL 33431

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LICHTMAN, JONATHAN J	
STREET ADDRESS	10718 KIRKALDY LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	NASS, ROBERT A	
STREET ADDRESS	300 LAUREL RIDGE RD	
CITY-ST-ZIP	REINHOLDS PA 17569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1/17/01

Date

(561) 442-0012

Daytime Phone #

CR2E034 (10/00)