FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90154 021 ***150.00

DOCUMENT # P97000021070

1. Corporation Name

UNIVERSITY PLAZA, INC.

Principal Place of Business	Mailing Address
3990 SHERIDAN STREET SUITE 209 HOLLYWOOD FL 33021	3990 SHERIDAN STREET SUITE 209 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/07/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0737597**	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent		**10. Name and Address of New Registered Agent**
BERMAN, STEVEN B 3990 SHERIDAN STREET SUITE 209 HOLLYWOOD FL 33021	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME BERMAN, HOWARD B		1.2 NAME		
STREET ADDRESS 3990 SHERIDAN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP		
TITLE VP	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME BERMAN, STEVEN B		2.2 NAME		
STREET ADDRESS 3990 SHERIDAN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP		
TITLE ST	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME WEIL, MICHAEL J		3.2 NAME		
STREET ADDRESS 3541 N 31ST TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VICE PRESIDENT STEVEN B. BERMAN 4/15/99 954-981-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #