

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034316

1. Entity Name

PLAZA APARTMENTS PARTNERSHIP, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90083 002 ***150.00

Principal Place of Business

1320 S. DIXIE HWY WEST

13W

POMPANO BEACH FL 33060

Mailing Address

1320 S. DIXIE HWY WEST

13W

POMPANO BEACH FL 33060-8558

4601 NW 9th Ave

2. Principal Place of Business

3. Mailing Address

PO Box 4716

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pompano Beach FL

Deerfield Beach FL

Zip

Country

Zip

Country

33064

USA

33442

USA

4. FEI Number

NOT APPLICABLE

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

ROSS, JENNIFER

1150 SW 10TH AVE. #204 W.

POMPANO BEACH FL 33069

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

Jennifer Ross

4-4-00

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, 2000 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
NAME ROSS, JENNIFER
STREET ADDRESS 4601 NW 9TH AVE.
CITY-ST-ZIP POMPANO BEACH FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME VANDERKAY, ROBERT H
STREET ADDRESS 3426 LAKEVIEW BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS
NAME JONES, VIRGINA
STREET ADDRESS 305 N. POMPANO BEACH BLVD., #207
CITY-ST-ZIP POMPANO BEACH FL 33069

☒ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

Jennifer Ross

4-4-00