

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-12-2000 90083 002 \*\*\*150.00

**DOCUMENT # P97000034316**

1. Entity Name  
**PLAZA APARTMENTS PARTNERSHIP, INC.**

Principal Place of Business 1320 S. DIXIE HWY WEST 13W POMPANO BEACH FL 33060 <i>4601 NW 9th Ave</i>	Mailing Address 1320 S. DIXIE HWY WEST 13W POMPANO BEACH FL 33060-8558
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>PO Box 4716</i> Suite, Apt. #, etc.
City & State <i>Pompano Beach FL</i>	City & State <i>Deerfield Beach FL</i>
Zip <i>33064</i>	Country <i>USA</i>
Zip <i>33442</i>	Country <i>USA</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>ROSS, JENNIFER</b> 1150 SW 10TH AVE. #204 W. POMPANO BEACH FL 33069	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: *Jennifer Ross* (NOTE: Registered Agent signature required when reinstating) DATE: *4-9-00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 - After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSS, JENNIFER</b>		NAME	
STREET ADDRESS <b>4601 NW 9TH AVE.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b>		CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VANDERKAY, ROBERT H</b>		NAME	
STREET ADDRESS <b>3426 LAKEVIEW BLVD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BEACH FL 33445</b>		CITY-ST-ZIP	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, VIRGINA</b>		NAME	
STREET ADDRESS <b>305 N. POMPANO BEACH BLVD., #207</b>		STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH FL 33069</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jennifer Ross* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: *4-9-00* Daytime Phone #