

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034316

1. Entity Name

PLAZA APARTMENTS PARTNERSHIP, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90112 005 ***150.00

Principal Place of Business

Mailing Address

4601 NW 9TH AVE
POMPANO BEACH FL 33064
US

PO BOX 4716
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

4601 NW 9TH AVE

City

POMPANO BEACH

FL

Zip Code

33064

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 Jennifer Ross

Apr 23 2001

(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

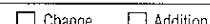
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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



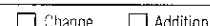
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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



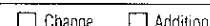
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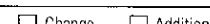
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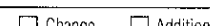
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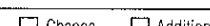
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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

Jennifer Ross Jennifer Ross

Date

Daytime Phone #

Apr 23 2001 954 783 9996

CR2E034 (10/00)