

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035153

1. Entity Name

PARK PLACE CENTER, CORP.

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90007 012 \*\*\*150.00

Principal Place of Business  
2717 W CYPRESS CREEK RD  
SUITE 800  
FT LAUDERDALE FL 33309  
US

Mailing Address  
2717 W CYPRESS CREEK RD  
SUITE 800  
FT LAUDERDALE FL 33309  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0752281

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

CANTOR, SAMUEL J  
6700 BROKEN SOUND PKWY NW  
STE. 200  
BOCA RATON FL 33487

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.

(NOT 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	D	<input type="checkbox"/> Delete
NAME	ROSE, STEVEN G	
STREET ADDRESS	2717 W. CYPRESS CREEK RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STICKLES, PHILLIP	
STREET ADDRESS	2717 W CYPRESS CREEK RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLANTZ, DEBORAH	
STREET ADDRESS	2717 CYPRESS CREEK RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parker, David L.	
STREET ADDRESS	2717 W. Cypress Creek Rd	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Halikman, Jennifer	
STREET ADDRESS	2717 W. Cypress Creek Rd	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lo, Christine	
STREET ADDRESS	2717 W. Cypress Creek Rd	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 no 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: *Christine Lo, Director*  
CHRISTINE LO, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

3/15/01 1-954-969-9509  
Date Daytime Phone #

CR2E034 (10/00)

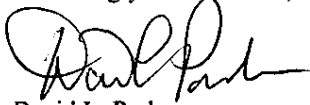
AW 20090

PARK PLACE CENTER, CORP.  
2717 West Cypress Creek Road  
Ft. Lauderdale, FL 33309  
(954) 969-9509

To Whom It May Concern,

Pursuant to my phone conversation with Marie @ (850)- 488-9000, I am requesting you waive the late fees for the URB filing attached for Year 2001. To our surprise upon termination of our CFO we found the checks and forms had not been mailed on time. This unfortunate act by our ex-CFO was only recently found at which time I spoke to Marie at the aforementioned phone and she suggested I write this letter asking for you help and consideration.

Thanking you in advance,

A handwritten signature in black ink, appearing to read "David L. Parker". The signature is stylized with a large, looped "D" and a cursive "Parker".

David L. Parker  
Director