

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053128

1. Entity Name

PLAZA INTER-AMERICAS CORPORATION

Principal Place of Business

6400 CONGRESS AVE  
SUITE 1750  
BOCA RATON FL 33487-2810

Mailing Address

6400 CONGRESS AVE  
SUITE 1750  
BOCA RATON FL 33487-2810

2. Principal Place of Business

2524 N. ANDREWS AVE EXT

3. Mailing Address

2524 N. ANDREWS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMERAN BEACH, FL

City & State

POMERAN BEACH, FL

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

6. Name and Address of Current Registered Agent

SORENSEN, PETER H  
2575 NW 49TH STREET  
BOCA RATON FL 33434

4. FEI Number

65-0762999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

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

TITLE P  
NAME SORENSEN, PETER H  
STREET ADDRESS 2575 NW 49TH STREET  
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE D  
NAME BETANCOURT, HECTOR  
STREET ADDRESS 4798 NW 26TH AVE  
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 #

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90290 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0514286

CR2E034 (10/00)