

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90040 042 ***150.00

DOCUMENT # P97000075607

1. Entity Name
PA-FLA PLAZA, INC.



Principal Place of Business
3612 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

Mailing Address
C/O JOAN I NEUWIRTH
9810 NW 10 ST
PLANTATION, FL 33322 US

24041816



2. Principal Place of Business
406 W. Hillsboro Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004

Chg-P

CR2E034 (10/03)

City & State
Deerfield Beach

City & State

4. FEI Number
65-0777901

Applied For
Not Applicable

Zip
33441

Zip
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCABA REAL ESTATE, INC
3612 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

406 W. Hillsboro Blvd

City

FL

Zip Code
33441

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SILVERMAN, JONATHAN
3612 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SILVERMAN, BENEDICT
51 SHERMAN HILL RD SUITE A-104C
WOODBURY, CT 06798 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ALONSO, STEPHEN M
3612 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33442 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
406 W. Hillsboro Blvd
33441

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jonathan Silverman