

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90087 025 \*\*\*150.00

**DOCUMENT # P98000049317**

1. Entity Name  
**SOUTHGATE PLAZA INC.**

Principal Place of Business

Mailing Address

**14450 SMITH SUNDY RD  
 DELRAY BEACH FL 33446**

**14450 SMITH SUNDY RD  
 DELRAY BEACH FL 33446**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**251-347 S. State Rd. 7**

**5801 N. Congress Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**650 Southgate Blvd.**

**Suite 202**

City & State

City & State

**Margate, FL**

**Boca Raton, FL**

Zip

Country

Zip

Country

**33068**

**USA**

**33487**

**Palm Beach**

4. FEI Number

**65-0853971**

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

**MOMBACH, GEOFFREY S  
 500 E BROWARD BLVD STE 1950  
 FT LAUDERDALE FL 33394**

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, 2002 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 ☐ Delete  
 NAME **D WOLF, STEVEN**  
 STREET ADDRESS **14450 SMITH SUNDY RD**  
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

☒ Change ☐ Addition  
 TITLE **5801 N. Congress Avenue**  
 NAME **Boca Raton, FL 33487**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D BILOWIT, FRED**  
 STREET ADDRESS **12539 ACME DAIRY RD**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE ☐ Delete  
 NAME **D SMIGA, ISRAEL**  
 STREET ADDRESS **12539 ACME DAIRY RD**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12/10 - (561) 498-5600**

CR2E034 (9/01)