

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078357

1. Entity Name

PLAZA RESORTS OF FORT LAUDERDALE II, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90479 037 ***150.00

Principal Place of Business

2121 WEST OAKLAND PARK BLVD. #1
 FORT LAUDERDALE FL 33311

Mailing Address

871 W OAKLAND PARK BLVD
 FORT LAUDERDALE FL 33311-1731

2. Principal Place of Business

3. Mailing Address

2419 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33308

USA

4. FEI Number

65-0863396

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

LUBART, LEONARD ESQ.
 GREENSPOON, MARDER, HIRSCHFIELD P.A.
 100 WEST CYPRESS CREEK ROAD SUITE 700
 FT. LAUDERDALE FL 33309

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, 2000 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** ☒ Delete
 NAME **VERRILLO, JAMES**
 STREET ADDRESS **2121 WEST OAKLAND PARK BLVD. #1**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **D** ☒ Change ☐ Addition
 NAME **VERRILLO, JAMES**
 STREET ADDRESS **2419 E. Commercial Blvd Suite 100**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/17/00 9546309449
 Date Daytime Phone #

CR2E034 (9/99)