

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90406 041 ***150.00

00043460

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000078372

1. Entity Name

PLAZA RESORTS SUZANNE, INC.

Principal Place of Business

Mailing Address

2201 W SAMPLE RD
BLDG 9 STE 6A+7A
POMPANO BEACH, FL
33073

MAUREO GAVIOLA
2811 NE 9TH CT
POMPANO BEACH, FL
33062

2. Principal Place of Business

2201 W SAMPLE RD

Suite, Apt. #, etc.

BLDG 9 STE 6A+7A

3. Mailing Address

2811 NE 9TH CT

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number

65-0871389

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

LEONARDO LUBART, ESQ
GREENSBORO, N.C. HIRSHFELD PA
100 W CYPRESS CREEK RD STE 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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
MAUREO GAVIOLA
2811 NE 9TH CT
POMPANO BEACH, FL 33062 ☐ Delete

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

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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:

MAUREO A GAVIOLA

APR 14, 2001 (934) 784-8938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)