

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90087 031 ***150.00

024843

DOCUMENT # P98000078386

1. Entity Name
PLAZA RESORTS DEVELOPMENT, INC.

Principal Place of Business
**2419 E. COMMERCIAL BLVD.
 STE 100
 FORT LAUDERDALE FL 33308**

Mailing Address
**2419 E. COMMERCIAL BLVD.
 STE 100
 FORT LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0863397**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, HIRSCHFELD 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 _____ (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.

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 Delete
 NAME **D VERRILLO, JAMES**
 STREET ADDRESS **871 WEST OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE Change Addition
 NAME *Officer Christina Heyden*
 STREET ADDRESS *2419 E. Commercial Blvd, #100*
 CITY-ST-ZIP *FT. Lauderdale, FL 33308*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 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: *Christina Heyden* *Christina Heyden 4/20/01*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)