## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000078391** May 01, 2000 8:00 am Secretary of State 1. Entity Name PLAZA RESORTS SOUTH MARKETING, INC. 05-01-2000 90479 040 \*\*\*150.00 Mailing Address Principal Place of Business 871 WEST OAKLAND PARK BLVD. 871 WEST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1731 FT. LAUDERDALE FL 33311 DO NOT WRITE IN THIS SPACE Apt. #, etc 4. FEI Number Applied For 65-0863425 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUBART, LEONARD ESQ. Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER, HIRSCHFELD, P.A. 100 WEST CYRPESS CREEK ROAD SUITE 700 FT. LAUDERDALE FL 33309 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE **Delete** TIT! F veerillo, James NAME NAME VERILLO, JAMES EUR E Commercial Rid Suite 100 STREET ADDRESS STREET ADDRESS 871 WEST OAKLAND PARK BLVD. CITY-ST-ZIP laudoldale FI 33308 CITY-ST-ZIP FT. LAUDERDALE FL 33311 Change ☐ Addition Delete TITLE TITLE NAME LAMBERT, DANIEL 5. commoecoal eld-suffico NAME STREET ADDRESS STREET ADDRESS 871 WEST OAKLAND PARK BLVD. CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33311 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this figing 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.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

name Street address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 309 Uyg

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