2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 amg Secretary of State P99000017006 DOCUMENT # 05-07-2002 90237 036 ***150.00 PLAZA SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 800 BRICKELL AVE. 800 BRICKELL AVE. 1115 1115 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OPPENHEIM, STEVEN P ESQ. Hat Acceptable) BUIDING 800 BRICKEL AVE., STE 1115 **MIAMI FL 33131** City MIDW 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition NAMÉ NARDI, JEAN C NAME STREET ADDRESS 800 BRICKELL AVE. STE 1115 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change OPPENHEIM, STEVEN P NAME NAME STREET ADDRESS 800 BRICKEL AVE., STE 1115 STREET ADDRESS CITY-ST-7IP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT: F

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 attachme, υ7

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: 4

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition