

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017236

1. Entity Name

FONTANA PLAZA MANAGEMENT, INC.

FILED

May 22, 2000 8:00 am
Secretary of State

04-03-2000 90180 029 ***150.00

Principal Place of Business

Mailing Address

~~330 E. ROYAL PALM RD.~~
~~BOCA RATON FL 33432~~

~~330 E. ROYAL PALM RD.~~
~~BOCA RATON FL 33429-1365~~

2. Principal Place of Business

3. Mailing Address

9045 La Fontana Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CX

POB 1365

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip

Country

Zip

Country

33435

USA

33429-1365

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, HYMAN

~~330 E. ROYAL PALM RD.~~
~~BOCA RATON FL 33432~~

Name HYMAN LEVY

Street Address (P.O. Box Number is Not Acceptable)

9045 La Fontana Blvd

City Boca Raton

FL

Zip Code

33435

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	HYMAN LEVY	9045 LA FONTANA BLVD #CX	BOCA RATON FL 33435	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00 84 477 7880

Date

Daytime Phone