

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90049 026 \*\*\*150.00

**DOCUMENT # P99000026550**

1. Entity Name  
**PORTOFINO PLAZA, INC.**

Principal Place of Business  
**920 SW 21ST TERRACE  
 FT LAUDERDALE FL 33312**

Mailing Address  
**920 SW 21ST TERRACE  
 FT LAUDERDALE FL 33312**

UUUJ0020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10310 NW 55 ST.**

3. Mailing Address  
*Same*

City & State  
**Surise**

City & State

4. FEI Number **65-0910809**

Applied For  
 Not Applicable

Zip **33357** Country **USA**

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**

**MILLER, BONNIE J  
 920 SW 21ST TERRACE  
 FT LAUDERDALE FL 33312**

Name **BONNIE J. Miller**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10310 NW 55 STREET**  
 City **Surrise** FL Zip Code **33357**

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]*

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	<b>DPST</b>	<input type="checkbox"/> Delete
NAME	<b>CUTRI, MICHELE</b>	
STREET ADDRESS	<b>920 SW 21 TERRACE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Jame</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>10310 NW 55 Street</b>	
STREET ADDRESS	<b>Surrise FL 33357</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CFR2034 (10/00)

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/01** **954 5788200**

Date

Daytime Phone #