

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072658

1. Entity Name

PLAZA RESORTS OF POMPANO & KEY WEST, INC.

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

04-13-2001 90085 035 ***150.00

Principal Place of Business

3515 S CYPRESS RD
#200
POMPANO BEACH FL 33060
US

Mailing Address

3515 S CYPRESS RD
#200
POMPANO BEACH FL 33060
US

2. Principal Place of Business

3. Mailing Address

351 S. Cypress Rd # 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0943320

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 PSTD
NAME MOSS, DEBORAH L
STREET ADDRESS 4980 WEST ATLANTIC BOULEVARD
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE DEBORAH L. MOSS PSTD
NAME 3740 SW 64TH AVE
STREET ADDRESS DAVIE, FL 33314
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 a 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH MOSS

4-9-01

934 580 0555

Date

Daytime Phone #

CR2E034 (10/00)