06-29-2001 90005 015 \*\*\*150.00 200 LUNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000077568 02 JAN 30 AM 9: 51 PLATA" ENTERPRISES, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address A0075436 3990 RIVERSIDE DR. #9 COPAL SPRINGS, FL 33065 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 65-0945595 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBERTICO PLATA Street Address (P.O. Box Number is Not Acceptable) 3990 EIVERSIDE DR. #9 CARAL SPRINGS, FL 33065 City Zio 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. DATE FILE NOW!!! FEE!!8 \$150,003.5 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. (After MAY, 1, 2000 Fee will be \$550,00 Make Check Payable to Department of State Trust Fund Contribution (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Addition Oelete TITLE ALBERTICO PLATA. NAME NAME 3990 Piveride Dr# 9. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2M CITY-ST-ZIP Change ☐ Addition Delete IIILE 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 TIT1 F Delete Addition TITLE NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ociete TITLE Change M Addition THILE

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 in changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADORESS

SIGNATURE: ZALD CYTICO MOLECULAR OF BOTH AND THE OF BOTH AND T

NAME

STREET ADDRESS

(giru) 345-90 c8

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## ithachment Doc# Plaza Enterprises, Inc.

June 21, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

:My name is ALBERTICO PLATA with present address 3990 Riverside Dr. # 9, Coral Springs, FL 33065 and owner of "PLATA ENTERPRISES, INC." with FEI Number 65-0945595.

I'm writing because my Accountant told me that I need to file an Annual Report. I never received that form maybe because you have a wrong address for my company.

I apologize for the inconvenience.

Sincerely

& Albertico Plata.

ALBERTICO PLATA

City of Coral Springs, Florida