

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56862

1. Entity Name

COOPER CITY PLAZA, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90006 047 \*\*\*150.00

Principal Place of Business	Mailing Address
1899 NE 164TH STREET NORTH MIAMI BEACH FL 33162 US	1899 N E 164TH STREET NORTH MIAMI BEACH FL 33162-4109 US

2. Principal Place of Business <i>1450 Shoreline Way</i>	3. Mailing Address <i>1450 Shoreline Way</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <i>Hollywood, FL</i>	City & State <i>Hollywood, FL</i>	4. FEI Number <b>65-0266613</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33019</i>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LINET, JEROME</b> <b>1899 N.E. 164TH ST.</b> <b>NORTH MIAMI BEACH FL 33162</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1450 Shoreline Way</i> City <i>Hollywood</i> FL Zip Code <i>33019</i>
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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	<b>PD</b> <b>LINET, JEROME</b> <b>1899 NE 164TH ST</b> <b>N MIAMI BCH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1450 Shoreline Way</i> <i>Hollywood, FL 33019</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-4-2000*

Date

*954-4347807*

Daytime Phone #

CR2E034 (9/99)