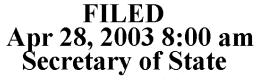
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** V33586 DOCUMENT # 1. Entity Name



04-28-2003 90315 032 \*\*\*150.00

LAKES PARK PLAZA, INC.						
Principal Place of Business 17901 NW 5TH ST STE 204 HOLLYWOOD FL 33029 US		Mailing Address 17901 NW 5TH ST STE 204 HOLLYWOOD FL 33029 US				
2. Principal Place of Business		3. Mailing Address		T TO DEE BEEFERD THE PROPERTY OF THE PROPERTY	1011 DABIA 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0414741 Applied For Not Applicable		
						Zip
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent		
			Name	Name		
CASTILLO			Street Address	s (P.O. Box Number is Not Acceptable)		
17901 NW 5TH ST					-	
SUITE 204						
PEMBROKE PINES FL 33029			City	FL Zip Code	€	
ŞIGNATURE F	Signature, typed or printed name of registered age  FILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  k Payable to Florida Department	), rarer, e	E: Registered Agent signature requi	9. Election Campaign Financing	O May Be to Fees	
10.	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD CASTILLO, SIXTA 17901 NW 5TH STREET, STE # HOLLYWOOD FL 33029	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTILLO, SIXTA 17901 NW 5TH STREET, STE HOLLYWOOD FL 33029	□ Delete #204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	

12. 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 supplied in the control of the corporation of the corporation of the receiver fir thustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**