

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15288

1. Entity Name
101 NORTH MONROE STREET, LTD.

FILED

00 JAN 27 PM 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O THE ALLEN MORRIS COMPANY
1000 BRICKELL AVENUE, SUITE 300
MIAMI FL 33131

Mailing Address
C/O THE ALLEN MORRIS COMPANY
1000 BRICKELL AVENUE, SUITE 300
MIAMI FL 33131-3004

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2327473**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, W. ALLEN
% THE ALLEN MORRIS COMPANY
1000 BRICKELL AVE., SUITE 1200
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|------------------------|--------------------------|-----------------------|
| DOCUMENT # | P16775 | STREET ADDRESS | |
| NAME | HAMMOND VENTURE, INC. | CITY - ST - ZIP | |
| STREET ADDRESS | 1000 BRICKELL AVE.#300 | | |
| CITY - ST - ZIP | MIAMI FL | | |
| DOCUMENT # | | STREET ADDRESS | 4000003118464--7 |
| NAME | | CITY - ST - ZIP | 02/01/00-01073-002 |
| STREET ADDRESS | | | ****141.25 ****141.25 |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **G. Davis** **1-21-2000 (305) 358-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

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CR2E003 (9/99)