

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30815

1. Entity Name

OC ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 PM 1:33

Principal Place of Business
2600 DOUGLAS RD.
STE. 803
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS RD.
STE. 803
CORAL GABLES FL 33134-6149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8407 Gateway Ct
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Zip

Country

34224

Zip

Country

4. FEI Number

65-0248498

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

MATTHEW INVESTMENTS, INC.
2600 DOUGLAS RD. #803
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. Capital Contributions as Shown on record.

\$5,281,071.57

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 # L21262
NAME MATTHEW INVESTMENTS, INC
STREET ADDRESS 2600 DOUGLAS RD. #83
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700003294617--3
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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 and typed or printed name of signing general partner
William G. Vernon, Pres
SIGNATURE REQUIRED

4/28/00
Date

305 448 1070
Daytime Phone #