

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33467**

1. Entity Name
POMPAÑO PLAZA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 8:59

Principal Place of Business
2937 S.W. 27TH AVE
#303
COCONUT GROVE FL 33133

Mailing Address
2937 S.W. 27TH AVE
#303
COCONUT GROVE FL 33133-3772



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0358236**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

CLINTON INTERNATIONAL GROUP
2121 PONCE DE LEON PH 2
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 _____ (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 # **P97000034097**
NAME **POMPAÑO SHOPPING PLAZA, INC.**
STREET ADDRESS **2400 S. DIXIE HIGHWAY, STE. 200**
CITY - ST - ZIP **MIAMI FL 33133**

STREET ADDRESS
CITY - ST - ZIP **ny 319100**

DOCUMENT #
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STREET ADDRESS **700003168987-3**
CITY - ST - ZIP **-03/14/00--01076--004**
******141.25 ****141.25**

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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: *Cheryl M. Green* *2/28/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)