

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A33467**

1. Entity Name  
**POMPANO PLAZA, LTD.**

**FILED**

01 AUG 27 PM 12:17

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY SEPTEMBER 26, 2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0358236</b>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$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 <b>Pompano PLAZA INC.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2400 South Dixie Hwy</b>		
			Suite <b>200</b>		
			City <b>Miami</b> FL Zip Code <b>33133</b>		

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P9700034097 POMPANO SHOPPING PLAZA, INC. 2400 S. DIXIE HIGHWAY, STE. 200 MIAMI FL 33133</b>	STREET ADDRESS	
		CITY-ST-ZIP	
			<b>500004566285--0</b>
			<b>-08/31/01--01062--019</b>
			<b>***541.25 ***541.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	
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		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]* **RECEIVED Pres** *[Signature]* **8/29/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)

STAPLE CHECK HERE