

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000174

1. Entity Name

1781 BUILDING, LTD.

FILED

00.FEB-4 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1781 S.W. 7TH AVENUE
POMPANO BEACH FL 33060

Mailing Address
1781 S.W. 7TH AVENUE
POMPANO BEACH FL 33060-9025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0363500

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSES, LUIS H
28 WEST FLAGLER ST.
SUITE 500
MIAMI FL 33130

Name MARTIN RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)

1781 S.W. 7 AVE.

City Pompano Beach, FL Zip Code 33060

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

2-1-00

9. Capital Contributions
as Shown on record. \$4,200.00

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 # V64479
NAME 1781 BUILDING, INC.
STREET ADDRESS 1781 SW 7TH AVE.
CITY-ST-ZIP POMPANO BEACH FL 33062

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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 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

Date

Daytime Phone #

2-1-00 (954) 784-763,