

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001723
 1. Entity Name
MARKETPLACE INVESTMENT GROUP, LTD.

Principal Place of Business: 15 S.E. 10TH STREET, MIAMI FL 33131
 Mailing Address: 1051 BRICKELL PLAZA, SUITE 1, MIAMI FL 33131-3019

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **65-0779922**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

FILED
00 MAY -4 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SAMMARCO, VINCENT T
7752 TAFT STREET
PEMBROKE PINES FL 33024

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: **\$10,000.00**
 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

DOCUMENT #	P97000068658
NAME	MARKETPLACE INVESTMENTS, INC.
STREET ADDRESS	15 S.E. 10TH STREET
CITY - ST - ZIP	MIAMI FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *Steven Perricone* **SIGNATURE REQUIRED** *4/13/00* *374-9449*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)