

2002 UNIFORM BUSINESS REPORT (UBR)

001360 AT

DOCUMENT # **A98000002231**

FILED

1. Entity Name

WESTON MEDICAL AND PROFESSIONAL PARK, LTD.

02 MAY 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2573 MAYFAIR LANE
WESTON FL 33327**

Mailing Address

**2573 MAYFAIR LANE
WESTON FL 33327**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0870031

Applied For

Not Applicable

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

**CORREA, ALVARO
2573 MAYFAIR LANE
WESTON FL 33327**

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

Signed
Signature, typed or printed name of registered agent, and title if applicable.

DATE

9. Capital Contributions as Shown on record.

406,000

10. Amount of Capital Contributions in FLORIDA to date.

\$406,000

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 #	P98000071168
NAME	WESTON MEDICAL OFFICE PARK, INC.
STREET ADDRESS	2573 MAYFAIR LANE
CITY-ST-ZIP	WESTON FL 33327
DOCUMENT #	
NAME	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signed
SIGNATURE REQUIRED

3-12-02

(258) 659-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)