

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001544**

1. Entity Name

METROCENTRE CORPORATE PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 5:44

Principal Place of Business
5488 PENNOCK POINT ROAD
JUPITER FL 33458

Mailing Address
5488 PENNOCK POINT ROAD
JUPITER FL 33458-3448



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0949491

Applied For

Not Applicable

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

CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD
STE 600
WEST PALM BEACH FL 33401

Name **Thomas A. Getz**

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

4401 Village Blvd

City **West Palm Beach**

FL **33407**

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

Richard G. Cherry

Thomas A. Getz

3/3/00

9. Capital Contributions as Shown on record.

\$950,000.00

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 # **P99000080983**
NAME **METROCENTRE CORPORATE PARTNERS GP**
STREET ADDRESS **5488 PENNOCK POINT RD**
CITY - ST - ZIP **JUPITER FL**

STREET ADDRESS **500003187415--4**
CITY - ST - ZIP **-03/28/00--01074--012**
*****526.25 ***526.25**

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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #