

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000774**

1. Entity Name
SAWGRASS PINES ASSOCIATES, LTD.

\$141.25

FILED

00 JAN 27 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2828 CORAL WAY, PENTHOUSE
MIAMI FL 33145**

Mailing Address
**2828 CORAL WAY, PENTHOUSE
MIAMI FL 33145-3214**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0433565**

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

**HERNANDEZ, ANGEL
2828 CORAL WAY, PENTHOUSE
MIAMI FL 33145**

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

9. Capital Contributions as Shown on record. **\$99.00**

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 # **S99824**
NAME **THE RELATED GROUP OF FLORIDA**
STREET ADDRESS **2828 CORAL WAY, PENTHOUSE**
CITY - ST - ZIP **MIAMI FL 33145**

STREET ADDRESS
CITY - ST - ZIP
400003119394--5
-02/01/00--01125--001
*****150.00 ***150.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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: *[Signature]* **ANGEL HERNANDEZ** *1/18/00* **305 460 9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER VICE-PRESIDENT Date Daytime Phone #

CR2E003 (9/99)