

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000791

1. Entity Name

GULFSIDE-DADELAND, LTD.

Principal Place of Business

363 GRANELLO AVENUE  
CORAL GABLES FL 33146

Mailing Address

363 GRANELLO AVENUE  
CORAL GABLES FL 33146-1806

2. Principal Place of Business

7700 Red Rd.  
Suite, Apt. #, etc.

3. Mailing Address

7700 Red Rd.  
Suite, Apt. #, etc.

City & State

South Miami, FL

City & State

South Miami, FL

Zip

33143

Country

Zip

33143

Country

4. FEI Number

65-0749202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEIDER, NORMAN S ESQ.  
100 S.E. 2ND STREET, SUITE 3910  
MIAMI FL 33131

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

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

(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 # P97000026218  
NAME GULFSIDE KENDALL DRIVE, INC.  
STREET ADDRESS 363 GRANELLO AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33146 SAME AS 2 Above

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000003297230--9  
-06/20/00--01050--048

\*\*\*\*\*30.00 \*\*\*\*\*30.00

STREET ADDRESS

CITY-ST-ZIP

000003297230--9  
-06/20/00--01050--048

\*\*\*\*\*128.75 \*\*\*\*\*128.75

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-00

Date

305-442-7008

Daytime Phone #

CR2 003 (9/93)