

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000469

1. Entity Name

BROCKWAY FAMILY LIMITED PARTNERSHIP

FILED

01 MAY -1 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

300 ALMERIA AVE.  
CORAL GABLES, FL.

300 ALMERIA AVE.  
CORAL GABLES, FL.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0991489

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

A Z REGISTERED AGENT CORPORATION  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI, FL. 33133

Name

MICHAEL B. AXMAN ESQ. C/O ADORNO & ZEDER

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

2601 S. BAYSHORE DRIVE

SUITE 1600

City

MIAMI

FL

Zip Code

33133

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

MICHAEL B. AXMAN

4-30-01

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. \$3,219,378

10. Amount of Capital Contributions

in FLORIDA to date \$3,219,378

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BROCKWAY FAMILY PARTNERS, INC.  
300 ALMERIA AVE.  
CORAL GABLES, FL. 33134

STREET ADDRESS

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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 120, Florida Statutes.

SIGNATURE:

*John Brockway*  
JOHN BROCKWAY

JOHN C. BROCKWAY

4-30-01

(305) 445-8593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)