

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003991 AF

DOCUMENT # **A00000000798**

1. Entity Name

**TECHNOLOGY CENTER OF THE AMERICAS, LTD.**

**FILED**

**01 APR 25 PM 12:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business

**2601 S BAYSHORE DR  
SUITE 900  
MIAMI FL 33133**

Mailing Address

**2601 S BAYSHORE DR  
SUITE 900  
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE  
SUITE 3000  
MIAMI FL 33131**

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.

**\$14,985,990.00**

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 # **P0000048317**  
NAME **TECHNOLOGY CENTER OF THE AMERICAS, INC.**  
STREET ADDRESS **2601 S BAYSHORE DR SUITE 900**  
CITY-ST-ZIP **MIAMI FL 33133**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200004191622--0**  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
**TECHNOLOGY CENTER OF THE AMERICAS, INC.**  
**6-1.**

Date

Daytime Phone #

**305-854-3200**

CR2E003 (11/00)