

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 22 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000815

1. Entity Name

ICC AT CENTER PORT, LTD., LLLP

Principal Place of Business

8725 NW 18TH TERRACE  
SUITE 204  
MIAMI FL 33172

Mailing Address

8725 NW 18TH TERRACE  
SUITE 204  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-1008028

Applied For

Not Applicable

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

DOUGLAS, PAUL  
8725 NW 18TH TERRACE  
SUITE 204  
MIAMI FL 33172

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.

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1000.00

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 # P00000049595  
NAME ICC CENTER PORT, INC.  
STREET ADDRESS 8725 NW 18TH TERRACE SUITE 204  
CITY-ST-ZIP MIAMI FL 33172

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PAUL DOUGLAS

4-19-02

305-594-7730

Date

Daytime Phone #

CR2E003 (9/01)