

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # A00000000887

1. Entity Name

CENTRES STOCKBRIDGE LIMITED PARTNERSHIP

Principal Place of Business

C/O CENTRES INC

9130 S DADELAND BLVD SUITE 1528

MIAMI

33156

FL

Mailing Address

C/O CENTRES INC

9130 S DADELAND BLVD SUITE 1528

MIAMI

33156

FL

2. Principal Place of Business

3. Mailing Address

C/O CENTRES INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9130 S DADELAND BLVD., SUITE 1528

City & State

City & State

MIAMI

FL

Zip

Country

Zip

Country

33156

4. FEI Number

65-1019102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CENTRES STOCKBRIDGE GP INC

C/O CENTRES INC

9130 S DADELAND BLVD SUITE 1528

MIAMI

33156

FL

Name

CENTRES STOCKBRIDGE GP, INC

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

C/O CENTRES INC

9130 S DADELAND BLVD SUITE 1528

City

MIAMI

FL

Zip Code

33156

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 DAVID K. CHARLTON

04/19/2001

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. 5,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 5,000.00

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 #
NAME CENTRES STOCKBRIDGE GP INC
STREET ADDRESS 9130 S DADELAND BLVD SUITE 1528
CITY-ST-ZIP MIAMI FL 33156

STREET ADDRESS 9130 S. DADELAND BLVD., #1528
CITY-ST-ZIP MIAMI FL 33156

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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 620, Florida Statutes

SIGNATURE: DAVID K. CHARLTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SVST 04/19/2001

Date

Daytime Phone #

CR2E003 (11/00)