

# 2001 UNIFORM BUSINESS REPORT (UBR)

000666 AF

DOCUMENT # A00000001759

1. Entity Name

THE SHOPPES OF NORTH PORT, LTD.

FILED

01 JUN 25 AM 10:47

Principal Place of Business

1696 N.E. MIAMI GARDENS DRIVE  
2ND FL.  
NORTH MIAMI BEACH FL 33179

Mailing Address

1696 N.E. MIAMI GARDENS DRIVE  
2ND FL  
NORTH MIAMI BEACH FL 33179

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1054895

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

MARCUS, ALAN J  
20803 BISCAYNE BLVD  
STE 301  
AVENTURA FL 33180

*Ref 52.50*

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.

\$100.00

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 # P00000106252  
NAME EQUITY ONE (NORTH PORT) INC.  
STREET ADDRESS 1696 N.E. MIAMI GARDENS DR, 2ND FL  
CITY-ST-ZIP NORTH MIAMI BEACH FL

STREET ADDRESS

CITY-ST-ZIP

6000004451416--8

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

-06/29/01--01026--030

\*\*\*\*\*52.50 \*\*\*\*\*52.50

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

305-947-1664

CR2E003 (11/00)