

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A01000000027

1. Entity Name

One Ocean Plaza ²⁰⁰¹ ~~2000~~ Ltd

FILED

01 APR 23 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

One S. Ocean Blvd
Boca Raton, FL 33432

21045 Commercial
TFA91
Boca Raton, FL
33486

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

65-1066258

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

EISINGER, DENNIS
PHILLIPS, EISINGER, KOSS & ROSENFELD
4000 Hollywood Blvd. Suite 265 South
Hollywood, FL 33021

Name
~~Phillips, V. Isaacson~~
Street Address (P.O. Box Number is Not Acceptable)
~~40 Kang Management~~
~~21045 Commercial TFA91~~
City
~~Boca Raton~~ FL Zip Code
~~33486~~

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.

2034927.78

10. Amount of Capital Contributions
in FLORIDA to date.

2034927.78

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
ONE OCEAN PLAZA 2001 INC.
1 SOUTH OCEAN BLVD, SUITE 204
BOCA RATON, FL
33432

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100004163381--8
-05/08/01--01129--001
***535.00 ***535.00

DOCUMENT #
NAME
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CITY-ST-ZIP

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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:

 U.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/01

Date

561416-2099

Daytime Phone #

CR2E003 (11/00)