

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000001142**

1. Entity Name

PALMETTO LAKES BUSINESS CENTER, LTD.

FILED

02 MAY -3 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O LINDA LARREA, P.A.
2300 CORAL WAY, SUITE 111
MIAMI FL 33145**

Mailing Address

**C/O LINDA LARREA, P.A.
2300 CORAL WAY, SUITE 111
MIAMI FL 33145**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

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

**DADE CORPORATE SERVICES, INC.
2300 CORAL WAY, SUITE 103
MIAMI FL 33145**

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.

\$1,700,000.00

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 # **P97000008112**
NAME **DADE CORPORATE SERVICES, INC.**
STREET ADDRESS **2300 CORAL WAY, SUITE 111**
CITY-ST-ZIP **MIAMI FL 33145**

STREET ADDRESS **1568 98th**
Bal. Harbour Realty, Inc.
CITY-ST-ZIP **P.O. Box 402188**
Miami Beach, FL. 33140

(This is the General Partner. The error was
committed by the State.)

*Correct
Self*

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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******150.00 ****150.00**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25-02

305-868-8784

Date

Daytime Phone #

CR2E003 (9/01)