

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 19 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001651

1. Entity Name

MAINSTREET RESOURCE SQUARE, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Financial Plaza

3. Mailing Address

One Financial Plaza

Suite, Apt. #, etc.

2212

Suite, Apt. #, etc.

2212

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

Country

33394

Zip

Country

33394

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

01-0650663

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul J. Kilgallone

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

One Financial Plaza Suite 2212

Fort Lauderdale, FL

33304

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

3/12/02

9. Capital Contributions
as Shown on record.

1,500.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

One Financial Plaza Suite 2212
Fort Lauderdale, FL 33394

STREET ADDRESS

CITY-ST-ZIP

000005452290--9

-05/06/02--01028--005

****158.75 ****158.75

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

PO 100119776
MAINSTREET RESOURCE SQUARE, INC.
ONE FINANCIAL PLAZA, SUITE 2212
FORT LAUDERDALE, FL 33394

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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:

6614

president

(954) 764-8380

CR2E003B (12/01)

STAPLE CHECK HERE