

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003294 AF

**DOCUMENT # A02969**

1. Entity Name

UNIVERSITY SHOPPES AND OFFICES LTD.

FILED

01 MAR 30 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

7837 W. SAMPLE RD.  
SUITE #111  
CORAL SPRINGS FL 33065

Mailing Address

7837 W. SAMPLE RD.  
SUITE #111  
CORAL SPRINGS FL 33065

2. Principal Place of Business

9541 NW 42 Court

Suite, Apt. #, etc.

3. Mailing Address

9541 NW 42 Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

59-1595438

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIPES, GEOFFREY  
7837 W. SAMPLE RD.  
SUITE #111  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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.

\$10,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CIPES, GEOFFREY  
7837 W. SAMPLE RD., #111  
CORAL SPRINGS FL

STREET ADDRESS  
CITY-ST-ZIP

9541 NW 42 Court  
Coral Springs, FL 33065

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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: Geoffrey Cipes (Geoffrey Cipes, Gen Part) 3-27-01 954-753-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)