

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009648 AT

DOCUMENT # A02969



1. Entity Name
UNIVERSITY SHOPPES AND OFFICES LTD.

FILED

03 APR 16 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 9541 N.W. 42ND COURT CORAL SPRINGS FL 33065	Mailing Address 9541 N.W. 42ND COURT CORAL SPRINGS FL 33065
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-1595438	Applied For
	Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 CIPES, GEOFFREY	STREET ADDRESS	
	STREET ADDRESS 9541 N.W. 42ND COURT	CITY-ST-ZIP	
	CITY-ST-ZIP CORAL SPRINGS FL 33065		
DOCUMENT #	NAME	STREET ADDRESS	500016121475
	STREET ADDRESS	CITY-ST-ZIP	04716709--01065--033 **158.75
	CITY-ST-ZIP		
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	STREET ADDRESS	CITY-ST-ZIP	
	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: **G.P.U. (Geoffrey Cipes Gen. Partner)** 4-9-03 9547537840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)