

2000 UNIFORM BUSINESS REPORT (UBR)

0001271
1/27/00

DOCUMENT # A07388
 1. Entity Name
HIALEAH LAKES PLAZA 123, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB 18 PM 12:45



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O DAVID H. ZOBERG, 8367 BIRD ROAD, MIAMI FL 33155
 Mailing Address: C/O DAVID H. ZOBERG, 8367 BIRD ROAD, MIAMI FL 33155-3353

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number **59-1909267**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHOOTING STAR ENTERPRISES, INC.
8367 BIRD RD.
MIAMI FL 33155

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record. **\$98,758.75**

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 #	610845
NAME	SHOOTING STAR ENTERPRISE
STREET ADDRESS	8367 BIRD RD.
CITY - ST - ZIP	MIAMI FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<i>nf 2/28/00</i>
CITY - ST - ZIP	
STREET ADDRESS	308003155839-9
CITY - ST - ZIP	-03/03/00--01010--020 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: *David H. Zoberg* **REQUIRED** Date: *2/1/00* Daytime Phone #: *305-226-4080*

CR2E003 (9/99)