

2001 UNIFORM BUSINESS REPORT (UBR)

0013503 AF

DOCUMENT # A09100

1. Entity Name

PICCADILLY SQUARE, LTD.

Principal Place of Business

P.O. BOX 562647

MIAMI FL 33256-2647

Mailing Address

P.O. BOX 562647

MIAMI FL 33256-2647

FILED

01 FEB 20 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2066575

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

Name

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

City

FL

Zip Code

LEVINE, STEVEN G.
2824 VALENCIA WAY
FORT MYERS FL 33901

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.

\$1,600,000.00

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

SILBERMAN, CECILY
6915 RED ROAD, #202
CORAL GABLES FL

STREET ADDRESS

CITY - ST - ZIP

~~600003768776-5~~
-02/26/01--01151--019
****526.25 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

LEVINE, STEVEN G.
2824 VALENCIA WAY
FORT MYERS FL 33901

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/12/01

Date

(305) 251-6085

Daytime Phone #

CR2E003 (11/00)