## **2000 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # A09491  1. Entity Name  |  |                                       |   | FILED  |
|--|--|---------------------------------------|---|--|
| MIDTOWN PLAZA ASSOCIATES, LTD.   |  |                                       | \$526.2                                 | 00 JAN 21 PH 12: 47  |
| Principal Place of Business  2828 CORAL WAY  PENTHOUSE SUITE  MIAMI FL 33145  Mailing Address  2828 CORAL WAY  PENTHOUSE SUITE  MIAMI FL 33145-3214  |  |                                       | SECRETARY OF STATE TALLAHASSEE, FLORIDA |  |
| Principal Place of Business     3. Mailing Address   |  |                                       | <del>-</del>                            |  |
| Suite, Apt. #, etc. Suite, A   |  | Suite, Apt. #, etc.                   |   | DO NOT WRITE IN THIS SPACE   |
| City & State   |  | City & State                          |   | 4. FEt Number 13-3065249 Applied For Not Applied For   |
| Zip  | Country  | Zíp                                   | 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  |
| PEREZ, JORGE M.  2828 CORAL WAY  PH-1  Performance  Street Address P.O. Box Number's Not Acceptable Vay  Performance  Perf |  |                                       |   |  |
| MIAMI BEACH FL 33145   |  |                                       | City                                    | Viami FL 339145  |
| 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 Jame of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE   |  |                                       |   |  |
| 9. Capital Contributions as Shown on record.  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#  | 848954   |                                       | STREET ADDRESS                          |  |
| NAME<br>Street Address<br>City-St-Zip  | AUGUST PROPERTIES CORP. I<br>625 MADISON AVE.<br>NEW YORK NY                       |                                       | CITY - ST - ZIP                         |  |
| DOCUMENT /   | 617998<br>THE RELATED COMPANIES OF FLORIDA INC.<br>2828 CORAL WAY PH-1<br>MIAMI FL |                                       | STREET ADORESS                          | 5000031120251<br>-01/27/0001004010   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                       | CITY-ST-ZIP                             | ****535.00 ****535.00  |
| DOCUMENT# **   | The second second second second second   | ارين المواجعة المستهدد يوروها به التد | STREET ADDRESS                          | the state of the s |
| STREET ADDRESS<br>CITY - ST - ZIP  |  |                                       | CITY-ST-ZIP                             |  |
| DOCUMENT #   |  |                                       | STREET ADIORESS                         |  |
| STREET ADDRESS<br>CITY - ST - ZIP  |  |                                       | CITY-ST-ZIP                             |  |
| DOCUMENT#  |  |                                       | STREET ADORESS                          |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                                       | CTTY-ST-ZIP                             |  |
| DOCUMENT   |  |                                       | STREET ADDRESS                          |  |
| STREET ADDRESS<br>CITY+ST-ZIP  |  |                                       | CITY-ST-ZNP                             |  |
| 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes   |  |                                       |   |  |
| SIGNATURE:  |  |                                       |   |  |