

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008424 AT

DOCUMENT # A14417

1. Entity Name
VERSAILLES SHOPPING PLAZA, LTD.



FILED

03 APR 10 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O LUIS E. ALONSO
552 SANTIAGO AVENUE
ORLANDO FL 32807

Mailing Address
C/O LUIS E. ALONSO
552 SANTIAGO AVENUE
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2421183

Applied For
Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONSO, LUIS
552 SANTIAGO AVE.
ORLANDO FL 32807

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

DATE

9. Capital Contributions as Shown on record. \$38,228.88

10. Amount of Capital Contributions in FLORIDA to date. 38,228.88

11. MAKE CHECK PAYABLE TO FL. 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 ALONSO, LUIS E.
STREET ADDRESS 552 SANTIAGO AVENUE
CITY-ST-ZIP ORLANDO FL

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS 100015659011
CITY-ST-ZIP 04/10/03--01086--030 ***356.77

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CITY-ST-ZIP

M THOMAS

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

4/11/03 407-277-3703
Date Daytime Phone #

CR2E003 (10/02)