

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17675**

1. Entity Name

FORT LAUDERDALE BUSINESS PLAZA ASSOCIATES, LTD.

FILED

00 JAN 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2005 W. CYPRESS CREEK RD.
SUITE 202
FORT LAUDERDALE FL 33309

Mailing Address
2005 W. CYPRESS CREEK RD.
SUITE 202
FORT LAUDERDALE FL 33309-1835

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 **59-2534853**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

BUTTERS, SAMUEL
3321 S.W. 15TH STREET
POMPAÑO BEACH FL 33069

Name **BUTTERS, SAMUEL**
Street Address (P.O. Box Number is Not Acceptable)
2005 W. CYPRESS CREEK RD., STE:202
City **FORT LAUDERDALE** **FL** Zip Code **33309**

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.

\$100.00

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 # **H16269**
NAME **FT. LAUDERDALE BUSINESS PLAZA DEV., INC.**
STREET ADDRESS **2005 WEST CYPRESS CREEK ROAD**
CITY - ST - ZIP **FORT LAUDERDALE FL 33309**

STREET ADDRESS

CITY - ST - ZIP

700003112187--7
-01/27/00--01011--006
******141.25 ****141.25**

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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 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

1-17-2000

Date

(954) 771-5056

Daytime Phone #