

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18365**

1. Entity Name

SABAL PALM ASSOCIATES, LTD.

5526.25

FILED

00 JAN 21 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2828 CORAL WAY
PENTHOUSE SUITE
MIAMI FL 33145

Mailing Address

2828 CORAL WAY
PENTHOUSE SUITE
MIAMI FL 33145-3214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3245546

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JORGE M.
2828 CORAL WAY
PH-1
MIAMI FL 33145

Name

Hernandez, Angel

Street Address (P.O. Box Numbers Not Acceptable)

2828 Coral Way

City

Penthouse
Miami

FL

Zip Code

33145

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

[Handwritten Signature]

1/8/00

9. Capital Contributions as Shown on record.

\$1,479,099.90

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 # 617998
NAME THE RELATED COMPANIES OF FLORIDA, INC.
STREET ADDRESS 2828 CORAL WAY
CITY - ST - ZIP MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

100003112031--3
-01/27/00--01004--013
****535.00 ****535.00

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

[Handwritten Signature]

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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:

[Handwritten Signature] ANGEL HERNANDEZ
VICE-PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/8/00

3054609900