

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21557**

1. Entity Name

**COLONIAL VILLAGE SHOPPING CENTER, LTD.**

FILED

00 MAR 13 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4601 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES FL 33146

Mailing Address  
4601 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES FL 33146-2112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2660299**

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

**BERRIN, ROBERT G.**  
4601 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES FL 33146

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$424,020.00**

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 **BERRIN, ROBERT G.**  
STREET ADDRESS **4601 PONCE DE LEON BLVD. #300**  
CITY - ST - ZIP **CORAL GABLES FL 33146**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME **BERRIN, RAY**  
STREET ADDRESS **5880 S. DIXIE HIGHWAY**  
CITY - ST - ZIP **SOUTH MIAMI FL 33143**

STREET ADDRESS **9001 SW 56th Court**  
CITY - ST - ZIP **MIAMI, FLA 33156**

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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

**2/29/00 (305) 663 665**

Date

Daytime Phone #

CR2E003 (9/99)