

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22931**

1. Entity Name

TRAFALGAR ASSOCIATES OF SHERIDAN, LTD.

FILED

00 MAY 10 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6505 BLUE LAGOON DR., STE. 250 MIAMI FL 33126-6001	Mailing Address 6505 BLUE LAGOON DR., STE. 250 MIAMI FL 33126-6011
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2. Principal Place of Business 701 Waterford Way	3. Mailing Address 701 Waterford Way
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Suite, Apt. #, etc. 110	Suite, Apt. #, etc. 110
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City & State Miami, FL 33126	City & State Miami, FL
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Zip 33126	Country USA	Zip 33126	Country USA
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4. FEI Number 36-3375436	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CACICEDO, RAMON R JR, ESQ 6505 BLUE LAGOON DR., STE. 240 MIAMI FL 33126-6001	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 701 Waterford Way Ste 100 City Miami, FL Zip Code 33126
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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 Ramon R. Cacicedo, Jr. 4-28-00
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. \$108,143.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 STREET ADDRESS CITY - ST - ZIP	L56521 TRAFALGAR ASSOCIATES OF SHERIDAN, INC. 6505 BLUE LAGOON DR., STE. 250 MIAMI FL 33126-6001	STREET ADDRESS	
		CITY - ST - ZIP	701 Waterford Way Ste 100, Miami, FL 33126
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	300003291993--5 -06/15/00--01105--012 ****526.25 ****526.25
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		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: **REQUIRED** Jose A. Gonzalez VP 305-265-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #