

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23276**

1. Entity Name

PEMBROKE PINES PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 1:29

Principal Place of Business

5001 UNIVERSITY DR.
SUITE C
DAVIE FL 33328

Mailing Address

5001 UNIVERSITY DR.
SUITE C
DAVIE FL 33328-4505

2. Principal Place of Business

606 E Hallandale Bul Blvd

3. Mailing Address

606 E Hallandale Bul Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Hallandale FL

Zip

33009

Country

Broward

Zip

33009

Country

Broward

4. FEI Number

59-2698284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEGA, MANUEL

5001 UNIVERSITY DR.
SUITE C
DAVIE FL 33328

7. Name and Address of New Registered Agent

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

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.

\$600,000.00

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

DOCUMENT # H93447
NAME VEGA PEMBROKE CORPORATIO
STREET ADDRESS 11631 NW 23RD ST
CITY - ST - ZIP PEMBROKE PINES FL

DOCUMENT #
NAME VEGA, MANUEL
STREET ADDRESS 11631 NW 23RD ST
CITY - ST - ZIP PEMBROKE PINES FL

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/00

954-454-8481

Date

Daytime Phone #

CR2E001 (9/99)