

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24448**

1. Entity Name

PALM BEACH COMMERCE CENTER ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 AM 8:52

Principal Place of Business

551 N.W. 77TH STREET
STE 102
BOCA RATON FL 33487

Mailing Address

551 N.W. 77TH STREET
STE 102
BOCA RATON FL 33487-1330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

City & State

4. FEI Number

59-2823168

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

RAZOOK, RICHARD J
ONE S.E. 3RD AVENUE, 17TH FLOOR
MIAMI FL 33131

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.

\$13,750,990.00

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 # **P96000037671**
NAME **PALMCOS II INC.**
STREET ADDRESS **ONE SOUTHEAST THIRD AVE., 17TH FLOOR**
CITY - ST - ZIP **MIAMI FL 33131**

DOCUMENT # **P31949**
NAME **PALMCOS INC.**
STREET ADDRESS **ONE SOUTHEAST THIRD AVE., 17TH FLOOR**
CITY - ST - ZIP **MIAMI FL 33131**

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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

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****526.25 ****526.25

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

Date

Daytime Phone #

Feb. 11, 2000

(305)
350-7200

CR2E003 (9/99)