

2001 UNIFORM BUSINESS REPORT (UBR)

000638 AF

DOCUMENT # **A25936**

1. Entity Name

ALHAMBRA BUSINESS CENTER, LTD.

FILED

01 APR 16 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O JOHN W. HOOVER, JR.
151 SOUTHWEST 27TH AVENUE
MIAMI FL 33135

4811 NW 79 AVE STE 5
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0072106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Not Registered Agent

STETTIN, HERBERT

ONE BISCAYNE TOWER

250 BISCAYNE BLVD., SUITE 3270

MIAMI FL 33131

Name

Bradford A. Thomas

Street Address (P.O. Box Number is Not Acceptable)

Ste 350

6161 Blue Lagoon Drive

City

Miami

FL

Zip Code

33126

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.

Bradford A. Thomas

(NOTE: Registered Agent signature required when reinstating)

2/23/01

DATE

9. Capital Contributions
as Shown on record.

\$2,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HOOVER JOHN W. JR.
2423 ALHAMBRA CIRCLE
CORAL GABLES FL

STREET ADDRESS

CITY-ST-ZIP

500004078525--0

-04/25/01--01105--016

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-11-01 305926559

CR2E003 (11/00)