

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010558 AT

DOCUMENT # **A25936**

1. Entity Name  
**ALHAMBRA BUSINESS CENTER, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -8 AM 9:23

CL  
6/9

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

Mailing Address  
4811 NW 79 AVE STE 5  
MIAMI FL 33166



2. Principal Place of Business  
**151 NW 79 AVE**

3. Mailing Address

Suite, Apt. #, etc.

**STE #5**

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

**MIAMI, FL**

City & State

4. FEI Number **65-0072106**

Applied For

Not Applicable

Zip

**33166**

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

**BRADFORD A. THOMAS  
6161 BLUE LAGOON DRIVE  
SUITE 350  
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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.  
4811 NW 79 AVE #5  
MIAMI FL 33166**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/30/03 305592-6559**

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE