

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26500**

1. Entity Name
COMMERCE PARK ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7777 GLADES ROAD
SUITE 310
BOCA RATON FL 33434

Mailing Address
7777 GLADES ROAD
SUITE 310
BOCA RATON FL 33434-4150

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0052562** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHMIER, ROBERT J.
7777 GLADES RD.
SUITE 310
BOCA RATON FL 33434

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 _____ (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$100.00** 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	M82999 COMMERCE PARK, G.P., INC 7777 GLADES RD. STE 310 BOCA RATON FL 33434	STREET ADDRESS CITY - ST - ZIP	300003161963--5 -03/08/00--01047--011 ****150.00 ****150.00
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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]* **SIGNATURE REQUIRED** Date **02/21/00** Daytime Phone # **561-483-8400**

CR2E003 (9/99)