

202 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26703**

1. Entity Name

SOUTH MIAMI MEDICAL OFFICE BUILDING, LTD.

FILED

02 APR 18 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**8940 N. KENDALL DRIVE
SUITE 300-E
MIAMI FL 33176**

Mailing Address

**8940 N. KENDALL DRIVE
SUITE 300-E
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2374431

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 New Registered Agent

**CHASE, ALAN R
C/O COHEN CHASE & HOFFMAN, P.A.
9400 S. DADELAND BLVD., SUITE 600
MIAMI FL 33156**

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.

DATE

9. Capital Contributions
as Shown on record.

\$800,000.00

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 # **K17295**
NAME **SOUTH MIAMI MEDICAL OFFICE BLDG. MANAGEMENT**
STREET ADDRESS **8940 N. KENDALL DR., SUITE 300-E**
CITY-ST-ZIP **MIAMI FL 33176**

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
8000004851658--9
-01/31/02--01090--002
******300.00 ****150.00**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
8000004851658--9
-04/24/02--01015--000
******376.25 ****376.25**

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CITY-ST-ZIP

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003(9/01)