

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28158

1. Entity Name

SP INDUSTRIES LIMITED PARTNERSHIP

Principal Place of Business

2665 S. BAYSHORE DRIVE
SUITE 801
MIAMI FL 33133

Mailing Address

2665 S. BAYSHORE DRIVE
SUITE 801
MIAMI FL 33133-5401

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

59-2921820

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

~~KLEIN, PETER W~~

2665 SOUTH BAYSHORE DRIVE
8TH FLOOR
MIAMI FL 33133

Name

Maria C. Calkins

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

Maria C. Calkins

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

9. Capital Contributions
as Shown on record.

\$3,278,430.00

10. Amount of Capital Contributions
in FLORIDA to date.

3,278,430

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

P17779

TRIVEST GROUP, INC.

2665 S. BAYSHORE DRIVE

MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/00

305.858.2200

Daytime Phone #

FILED

00 FEB -7 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)