

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31763**

1. Entity Name

PEMBROKE PINES OFFICE BUILDING LIMITED PARTNERSH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3: 05

Principal Place of Business

C/O WOLPERT & KAUFMAN, P.A.
9200 S DADELAND BLVD., #614
MIAMI FL 33156

Mailing Address

C/O WOLPERT & KAUFMAN, P.A.
9200 S DADELAND BLVD., #614
MIAMI FL 33156-2714

[Handwritten Signature]



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 **65-0272661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLAZA, STE. 1202
CORAL GABLES FL 33134

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,650,000.00

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 # **S62659**
NAME **PEMBROKE PINES OFFICE BUILDING, INC.**
STREET ADDRESS **9200 S DADELAND BLVD, STE. 614**
CITY - ST - ZIP **MIAMI FL 33156**

STREET ADDRESS

CITY - ST - ZIP

3000003264723---9

-05/24/00--01021--011

******526.50 ****526.50**

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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

By: **Pembroke Pines Office Building, Inc., its general partner**

SIGNATURE: *Eugene M. Erwin*

SIGNATURE REQUIRED

4/19/00

(770) 955-6697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Eugene M. Erwin, President

CFE00: (9/93)