

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31837

1. Entity Name

TAMIAMI 137TH AVENUE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:59

Principal Place of Business
1550 MADRUGA AVE.
SUITE 230
CORAL GABLES FL 33146

Mailing Address
1550 MADRUGA AVE.
SUITE 230
CORAL GABLES FL 33146-3017



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0201730

Applied For
Not Applicable

Zip

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

ROBERTS, PETER A
1550 MADRUGA AVE
SUITE 230
CORAL GABLES FL 33146

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:

\$192,510.00

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 # 434259
NAME PAMCO CORP.
STREET ADDRESS 1550 MADRUGA AVE., SUITE 230
CITY - ST - ZIP CORAL GABLES FL 33146

STREET ADDRESS

CITY - ST - ZIP

000003236040-6
--05/03/00--01011--010
****526.25 ****526.25

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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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lawrence E. Suchman

4/5/00

Date

305-667-6464

Daytime Phone #