

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32153**

1. Entity Name

**SOUTHLAKE OFFICE PARK, LTD.**

Principal Place of Business

**1717 N. BAYSHORE DRIVE, SUITE 208  
MIAMI FL 33132**

Mailing Address

**1717 N. BAYSHORE DRIVE, SUITE 208  
MIAMI FL 33132**

2. Principal Place of Business

**150 Alhambra Circle**

3. Mailing Address

**150 Alhambra Circle**

Suite, Apt. #, etc.

**Suite 800**

Suite, Apt. #, etc.

**Suite 800**

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

**FILED**

**02 APR 30 PM 4:22**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**MJH**



**DUE BY MAY 1, 2002**

4. FEI Number

**65-0291487**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**S & K PROPERTY MANAGEMENT INC/  
1717 NO. BAYSHORE DRIVE, SUITE 208  
MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name  
**S & K Property Management, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 Alhambra Circle**  
**Suite 800**  
City  
**Coral Gables** **FL** Zip Code  
**33134**

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 *Lidia Cartaya* **Lidia Cartaya, Vice President** **04/29/02**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.

**\$3,870,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$2,000,000.00**

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

DOCUMENT # **S69734**  
NAME **GRAND BAY INVSTMNTS, INC**  
STREET ADDRESS **1717 NO. BAYSHORE DRIVE, SUITE 208**  
CITY-ST-ZIP **MIAMI FL 33132**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **150 Alhambra Circle, Suite 800**  
CITY-ST-ZIP **Coral Gables, FL 33134**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**888885503098-7**  
**-05/10/02--01060--007**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS  
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**800005503098-7**  
**-05/10/02--01060--008**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

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STREET ADDRESS  
CITY-ST-ZIP

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: *Lidia Cartaya* **SIGNATURE REQUIRED** **Lidia Cartaya, VP** **04/29/02 (305) 476-0955**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)

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