

2001 UNIFORM BUSINESS REPORT (UBR)

0003804 AF

DOCUMENT # **A32397**

1. Entity Name

EL MERCADO ASSOCIATES, LTD.

FILED

01 FEB -1 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1200 BRICKELL AVE., SUITE 1500
MIAMI FL 33131**

Mailing Address
**1200 BRICKELL AVE., SUITE 1500
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0303358

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

**TERRANOVA CORPORATION
1200 BRICKELL AVENUE
SUITE 1500
MIAMI FL 33131**

Name
TERRANOVA CORPORATION, ATTN: LISHA MILLER
Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVE., SUITE 1500
City **MIAMI** FL Zip Code **33131**

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 *Lisha Miller, VP of Property Administration*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/11/01

DATE

9. Capital Contributions as Shown on record. **\$1,500,000.00**

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 # **V02300**
NAME **EL MERCADO, INC.**
STREET ADDRESS **1320 S. DIXIE HWY., SUITE 781**
CITY-ST-ZIP **MIAMI FL**

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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

Date

Daytime Phone #

1/15/01

305 3588700

CR2E003 (11/00)