

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33467**

1. Entity Name

**POMPAÑO PLAZA, LTD.**

FILED

02 JAN 30 PM 12: 54

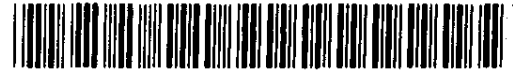
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2937 S.W. 27TH AVE**  
**#303**  
**COCONUT GROVE FL 33133**

Mailing Address

**2937 S.W. 27TH AVE**  
**#303**  
**COCONUT GROVE FL 33133**



2. Principal Place of Business

**2400 South Dixie Hwy**

3. Mailing Address

**2400 South Dixie Hwy**

Suite, Apt. #, etc.

**#200**

Suite, Apt. #, etc.

**#200**

**DUE BY MAY 1, 2002**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0358236**

Applied For

Not Applicable

Zip

**33133**

Country

**USA**

Zip

**33133**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POMPAÑO PLAZA INC.**  
**2400 SOUTH DIXIE HWY., STE. 200**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions as Shown on record.

**\$1,000.00**

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

DOCUMENT # **P97000034097**  
NAME **POMPAÑO SHOPPING PLAZA, INC.**  
STREET ADDRESS **2400 S. DIXIE HIGHWAY, STE. 200**  
CITY-ST-ZIP **MIAMI FL 33133**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
**600004880426--8**  
**-02/05/02--01054--012**  
**\*\*\*\*141.25 \*\*\*\*141.25**

DOCUMENT #  
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CITY-ST-ZIP

I 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 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 officer or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)