

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009793 AT

DOCUMENT # **A92000000274**

1. Entity Name  
**ALHAMBRA CENTER LIMITED**

FILED

02 MAY -3 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1717 N. BAYSHORE, SUITE 208  
MIAMI FL 33132

Mailing Address  
1717 N. BAYSHORE, 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**

**DUE BY MAY 1, 2002**

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number  
**65-0378958**

Applied For  
Not Applicable

Zip Country  
**33134 USA**

Zip Country  
**33134 USA**

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

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

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. **\$465,500.00**

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 # **P92000010061**  
NAME **INVESTMENTS OF AMERICA NO. 2, INC.**  
STREET ADDRESS **1717 NO. BAYSHORE DRIVE, SUITE #208**  
CITY-ST-ZIP **MIAMI FL 33132**

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

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CITY-ST-ZIP

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* **Lidia Cartaya, Vice President** **4/29/02 (305) 476-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0055

CR2E003 (9/01)