

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001446

1. Entity Name
MIDWAY COMMERCE CENTER, LTD.

Principal Place of Business
251-A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480

Mailing Address
251-A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480-4355

2. Principal Place of Business
1400 Centrepark Blvd
Suite, Apt. #, etc.
W. Palm Bch FL
City & State
W. Palm Bch FL

3. Mailing Address
1400 Centrepark Blvd
Suite, Apt. #, etc.
W. Palm Bch FL
City & State
W. Palm Bch FL

Zip
FL 33401 Country
USA

4. FEI Number **65-0456882** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RHODES, PAUL
251-A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1400 Centrepark Blvd
W. Palm Bch FL
City **W. Palm Bch FL** Zip Code **33401**

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  DATE **4.27.00**

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

9. Capital Contributions as Shown on record. **\$468,015.00**

10. Amount of Capital Contributions in FLORIDA to date. **546,405.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P99000035102	MIDWAY COMMERCE CENTER, INC.	STREET ADDRESS 1400 Centrepark Blvd	
NAME MIDWAY COMMERCE CENTER, INC.	251-A ROYAL PALM WAY, SUITE 300	CITY - ST - ZIP W. Palm Bch FL 33401	
STREET ADDRESS PALM BEACH FL 33480			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: **SIGNATURE REQUIRED**  **Paul Rhodes** **4-18-00** **561-659-5400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **President** Date Daytime Phone #

Midway Commerce Center LLC

FILED
00 MAY 18 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)