

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A94000000092**

**1. Entity Name**  
OLYMPIA BUILDING PARTNERS, LTD.

FILED

00 APR -6 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
2121 PONCE DE LEON BLVD., PENTHOUSE II  
CORAL GABLES FL 33134

**Mailing Address**  
2121 PONCE DE LEON BLVD., PENTHOUSE II  
CORAL GABLES FL 33134-5224

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip** **Country** **Zip** **Country**

**4. FEI Number** 65-0523595 **Applied For**  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
WOLFE, LEON J  
VALDES-FAULI, COBB, ET AL., S-3400,  
ONE BISCAYNE TOWER, TWO S. BISCAYNE BLVD.  
CORAL GABLES FL 33134

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. Capital Contributions** as Shown on record. **\$72,289.00**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	A94000001667 CORNERSTONE OLYMPIA, LTD. 3225 AVIATION AVENUE, #700 COCONUT GROVE FL 33133	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000087137 DEEDCO OLYMPIA, INC. 141 NE 3RD AVE., #500 MIAMI FL 33132	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	100003217981--3 04/21/00 01013-017 ****535.00 ****535.00
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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:** **02-28-00** **(305) 4438888**

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

CR2E003 (9/99)