

2001 UNIFORM BUSINESS REPORT (UBR)

0004231 AF

DOCUMENT # **A94000000092**

1. Entity Name

OLYMPIA BUILDING PARTNERS, LTD.

FILED

01 APR -2 AM 11:42

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street
Suite 3500
City **Miami** **FL** Zip Code **33131-2130**

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.

(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

DOCUMENT # **A94000001687**
NAME **CORNERSTONE OLYMPIA, LTD.**
STREET ADDRESS **3225 AVIATION AVENUE, #700**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

DOCUMENT # **P94000087137**
NAME **DEEDCO OLYMPIA, INC.**
STREET ADDRESS **141 NE 3RD AVE., #500**
CITY-ST-ZIP **MIAMI FL 33132**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2121 Ponce de Leon Boulevard, PH 2**
CITY-ST-ZIP **Coral Gables, FL 33134**

STREET ADDRESS
CITY-ST-ZIP
300003995219-8
-04/12/01--01116--015
******535.00 ****535.00**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/14/01

705-443-8284

Date Daytime Phone #

CR2E003 (11/00)