

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000401**

1. Entity Name

VIA 313-1/2 WORTH AVENUE, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business  
333 1/2 WORTH AVE. BLDG. B  
PALM BEACH FL 33480

Mailing Address  
313 1/2 WORTH AVENUE. STE. B-1  
PALM BEACH FL 33480-4669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0477632**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**B&C CORPORATE SERVICES, INC.**  
201 SOUTH BISCAYNE BLVD., SUITE 300  
MIAMI FL 33131

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. **\$3,118,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,118,500.00**

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 # **P98000020376**  
NAME **TRICON VIA CORP.**  
STREET ADDRESS **313 1/2 WORTH AVE., STE. B-1**  
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS

CITY-ST-ZIP

~~000003258590--3~~  
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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

*[Signature]*  
4/25/00 (361) 832-4088

Date

Daytime Phone #

CR2E003 (9/99)