

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A9400000855**
 1. Entity Name **UNIVERSITY FINANCIAL PLAZA ASSOCS. LTD**

FILED

01 FEB -8 PM 12:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3300 University Dr. **SAME**
Coral Springs, FL
33065

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 **65-0499935** 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

7. Name and Address of New Registered Agent

FALCONE, ARTHUR
3300 University Dr
Coral Springs, FL 33065

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: **2375000**

10. Amount of Capital Contributions in FLORIDA to date: **2375000**

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 # **P94000047200**
 NAME **SAMPLE FINANCIAL PLAZA INC**
 STREET ADDRESS **3300 University Dr**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS **500003677475--5**
 CITY-ST-ZIP **-02/13/01--01035--011**
*****535.00 ***535.00**

DOCUMENT #
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 CITY-ST-ZIP

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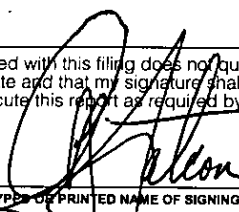
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 CITY-ST-ZIP

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: 
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (11/00)