

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000873**

1. Entity Name

CONCORD PLAZA ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business

1065 N.E. 125TH STREET
SUITE 102
N.MIAMI FL 33161

Mailing Address

1065 N.E. 125TH STREET
SUITE 102
N.MIAMI FL 33161-5831



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

65-0502012

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

FRIEDMAN, MICHAEL D
1401 BRICKELL AVE., #530
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named

office or registered agent, or both, in the State of Florida.

SIGNATURE

gent signature required when reinstating

DATE

9. Capital Contributions
as Shown on record.

\$515,000.00

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
SEGAL, ROBERTA
1065 NE 125TH ST.
NORTH MIAMI FL 33131

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/28/00 (308) 899-1065
Date Daytime Phone #

CR2E003 (9/99)