

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003503 AF

**DOCUMENT #** A94000000891  
**1. Entity Name**  
 PALM DRIVE ASSOCIATES, LTD.

**FILED**  
 01 APR 23 PM 12:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 C/O CENTRO PALM, INC.      C/O CENTRAL PALM, INC.  
 35801 S.W. 186TH AVENUE      P.O. BOX 343449  
 FLORIDA CITY FL 33034      FLORIDA CITY FL 33034



DO NOT WRITE IN THIS SPACE

**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** 65-0539755      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 MAINSTER, STEVE  
 C/O CENTRAL PALM, INC.  
 35801 S.W. 186TH AVENUE  
 FLORIDA CITY FL 33034

**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.** \$1,000.00      **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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P94000049163	CENTRO PALM, INC.	35801 S.W. 186TH AVE.	FLORIDA CITY FL 33034

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY-ST-ZIP

700004162097--5  
 -05/08/01--01068--018  
 \*\*\*\*\*150.00 \*\*\*\*\*150.00

**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** \_\_\_\_\_  
 \_\_\_\_\_ **Date**      \_\_\_\_\_ **Daytime Phone #**

CR2E003 (11/00)