

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001015
 1. Entity Name
 NORTH PARSONS PLAZA LTD.

FILED

00 MAR 20 AM 9:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 8000 E. NORTH ARMENIA AVENUE, TAMPA FL 33604
 Mailing Address: 8000 E. NORTH ARMENIA AVENUE, TAMPA FL 33604

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____
 Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: 59-3324550 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PERRY G. GRUMAN, P.A.
 3400 W. KENNEDY BLVD.
 TAMPA FL 33609

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: \$400,000.00
 10. Amount of Capital Contribution in FLORIDA to date: 7500.00
 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	
DOCUMENT #	F94000003901
NAME	SOFEL CORPORATION
STREET ADDRESS	AVE. 5A. NORTE, ENRIQ
CITY - ST - ZIP	PANAMA 9-A
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	
CITY - ST - ZIP	
STREET ADDRESS	700003178817--0
CITY - ST - ZIP	-03/21/00--01111--009 ****150.00 ****150.00
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: MALE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: _____ Date: 1-29-2000 Daytime Phone #: 813-935-9364

CR2E003 (9/99)