

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001502**

1. Entity Name

WHISPERING CORPORATE PLAZA, LTD.

APPROVED
AND
FILED

01 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3195 N. POWERLINE RD., SUITE 104
POMPANO BEACH FL 33069**

Mailing Address

**3195 N. POWERLINE RD., SUITE 104
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

**1000 E. Hillsboro Boulevard
Ste 100
Deerfield Beach, FL 33441**

**1000 E. Hillsboro Boulevard
Ste 100
Deerfield Beach, FL 33441**

4. FEI Number **65-0542674** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRENNER, SCOTT
3195 N. POWERLINE RD.
SUITE 104
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **SAME**
**1000 E. Hillsboro Boulevard
Ste 100
Deerfield Beach, FL 33441**

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its register.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$325,000.00

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 # **P98000030537**
NAME **WCP GENPAR, INC.**
STREET ADDRESS **3195 N. POWERLINE ROAD, STE. 104**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1000 E. Hillsboro Boulevard**
CITY-ST-ZIP **Ste 100
Deerfield Beach, FL 33441**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

100004272141--4
05/18/01 01133 000
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)