

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001545**

1. Entity Name

**CITY CENTER ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 27 PM 1:29



Principal Place of Business

Mailing Address

**C/O DELMA PROPERTIES, INC.  
444 MADISON AVENUE  
SUITE 1204  
NEW YORK, NY 10022**

2. Principal Place of Business

**100 2ND AVENUE SOUTH**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 201**

City & State  
**ST. PETERSBURG, FLORIDA**

City & State

4. FEI Number

**59-3285127**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip  
**33701**

Country  
**US**

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

Name **CT CORPORATION SYSTEMS**

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

**1200 SOUTH PINE ISLAND ROAD**

City **PLANTATION**

FL

Zip Code **33324**

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

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

(If i.e. Registered Agent signature required when reinstating)

DATE

9. Capital Contribution as Shown on record.

**\$2,775,000.00**

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 # **F94000005910**  
NAME **DELMA CITY CENTER CORP.**  
STREET ADDRESS **444 MADISON AVENUE, SUITE 1204**  
CITY-ST-ZIP **NEW YORK, NEW YORK 10022**

STREET ADDRESS  
**800003312488--6**  
CITY-ST-ZIP  
**-07/05/00--01016--007**  
**\*\*\*\*446.25 \*\*\*\*446.25**

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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.

By: **DELMA CITY CENTER CORP. - GENERAL PARTNER**

SIGNATURE:



**Seta Toroyan, Corporate Secretary**

**4/28/00 (212) 355-4335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR/E003 (1999)