

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001567

1. Entity Name

CAMINO CORPORATE CENTER, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:24

Principal Place of Business  
2500 NORTH MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431

Mailing Address  
2500 NORTH MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431-6306



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0541975

Applied For  
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRICKE, HENRY A ESQ  
2500 NORTH MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000083978  
NAME CAMINO CENTER, INC.  
STREET ADDRESS 2500 NORTH MILITARY TRAIL, SUITE 200  
CITY - ST - ZIP BOCA RATON FL 33431

STREET ADDRESS

CITY - ST - ZIP

200003147932--0  
-02/25/00--01079--005  
\*\*\*\*158.75 \*\*\*\*158.75

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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 REQUIRED

Anthony V. Pugliese, III President

2/1/00

(561)997-6666

Date

Daytime Phone #

Camino Center, Inc.

CR2E003 (9/99)