

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000228

1. Entity Name

NORTH EAST COMMERCIAL DEVELOPMENT GROUP, LTD.

Principal Place of Business
2333 BRICKELL AVE., SUITE D-1
MIAMI FL 33129

Mailing Address
2333 BRICKELL AVE., SUITE D-1
MIAMI FL 33129-2437

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0530810

Applied For
Not Applicable

Zip Country

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

NORTHROP, MICHAEL K ESQUIRE
215 S.W. LE JEUNE ROAD
MIAMI FL 33134

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. \$975,000.00

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 # V12765
NAME NORTH EAST COMMERCIAL DEVELOPMENT CORPORAT
STREET ADDRESS 215 S.W. LE JEUNE ROAD
CITY - ST - ZIP MIAMI FL 33134

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
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STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Norman S. Rosen, Sec. 3/28/00 305 859 4900

Date

Daytime Phone #

FILED (4/27/00)