

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000235**

1. Entity Name

**AVENTURA MEDICAL PLAZA ASSOCIATES, LTD.**

Principal Place of Business  
**2300 GLADES ROAD, SUITE 100-E  
BOCA RATON FL 33431**

Mailing Address  
**2300 GLADES ROAD, SUITE 100-E  
BOCA RATON FL 33431-7335**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0553480**

Applied For  
Not Applicable

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

**AMP EQUITY CORP.  
2300 GLADES ROAD, SUITE 100-E  
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. **\$628,750.00**

10. Amount of Capital Contributions in FLORIDA to date. **628,750.00**

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 # **P98000020422**  
NAME **AMP EQUITY CORP.**  
STREET ADDRESS **2300 GLADES ROAD, SUITE 100E**  
CITY - ST - ZIP **BOCA RATON FL 33431**

STREET ADDRESS

CITY - ST - ZIP

**188803208461-7**  
**-04/14/00--01006--003**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**William R. Greenfield**

**3/23/02 (561) 392-6662**

CR2E003 (9/99)

APPROVED  
AND  
FILED

00 MAR 29 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE