

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A95000000237**

1. Entity Name

AMERICAS CENTER, LTD.

Principal Place of Business

150 SOUTHEAST 2ND AVENUE  
#1301  
MIAMI FL 33131

Mailing Address

150 SOUTHEAST 2ND AVENUE  
#1301  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTON, JOHNNY L  
150 SOUTHEAST 2ND AVENUE  
SUITE 300  
MIAMI FL 33131

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.

\$1,550,000.00

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 # P95000013687  
NAME C.W.S. CAPITAL MANAGEMENT II, INC.  
STREET ADDRESS 150 SOUTHEAST 2ND AVENUE, SUITE 300  
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

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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:

*David M. K.*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 FEB 19 AM 10:54

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0556167

Applied For

Not Applicable

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

CR2E003 (11/00)