

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000304**

1. Entity Name

**HILLSBORO COMMERCE PARK LTD.**

**FILED**

**01 APR 30 PM 6:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**C/O ABDO INVESTMENTS, INC.  
7280 WEST PALMETTO PARK ROAD, SUITE 306  
BOCA RATON FL 33433**

Mailing Address  
**C/O ABDO INVESTMENTS, INC.  
7280 WEST PALMETTO PARK ROAD, SUITE 306  
BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0581829**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BEAVER PROPERTIES  
7280 W. PALMETTO PARK ROAD  
SUITE 306N  
BOCA RATON FL 33433**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,200,000.00**  
10. Amount of Capital Contributions in FLORIDA to date. **\$1,195,309.00**  
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**

DOCUMENT # **S60091**  
NAME **ABDO INVESTMENTS, INC.**  
STREET ADDRESS **7280 WEST PALMETTO PARK ROAD, SUITE 306**  
CITY-ST-ZIP **BOCA RATON FL 33433**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP

**300004216913-3**  
**-05/15/01--01051--022**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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 RE Joséph Sabja**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**04/25/2001** **(561) 392-2777**  
Date Daytime Phone #

CR2E003 (11/00)