

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A95000000575

**Entity Name**  
S.P.V. ASSOCIATES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Principal Place of Business**  
2665 SOUTH BAYSHORE DRIVE, SUITE 202  
COCONUT GROVE FL 33133

**Mailing Address**  
2665 SOUTH BAYSHORE DRIVE, SUITE 202  
COCONUT GROVE FL 33133-5402

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**Principal Place of Business**  
Suite, Apt. #, etc.  
City & State

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

DO NOT WRITE IN THIS SPACE

**Zip** **Country**

**4. FEI Number** 65-0578183

☐ **Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
WOHL, MICHAEL D  
2665 SOUTH BAYSHORE DRIVE, SUITE 202  
COCONUT GROVE FL 33133

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**Capital Contributions as Shown on record.** \$325,000.00

**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	
<b>DOCUMENT #</b>	P95000028423	<b>STREET ADDRESS</b>	
<b>NAME</b>	MDFYB CORP.	<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	2665 SOUTH BAYSHORE DRIVE, SUITE 202		
<b>CITY - ST - ZIP</b>	COCONUT GROVE FL 33133		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
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<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			

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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** \_\_\_\_\_ **213600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)