

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000688**

1. Entity Name

866 PONCE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

[Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5703 SW 85TH ST.
SO. MIAMI FL 33143

Mailing Address

P. O. BOX 431984
MIAMI FL 33243-1984

2. Principal Place of Business

4960 SW 72 AVE

Suite, Apt. #, etc.

SUITE 400

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33155

Country

USA

Zip

Country

4. FEI Number

65-0580482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

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

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.

\$571,500.00

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

DOCUMENT # **P95000033186**
NAME **866 PONCE CORPORATION**
STREET ADDRESS **5703 SW 85TH ST.**
CITY - ST - ZIP **SO. MIAMI FL 33143**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4960 SW 72 AVE**
CITY - ST - ZIP **MIAMI, FL 33155**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

400003272554--7
05/31/00--01080--018

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

L. RICHARD MATTAWAY 4/25/00

Date

Daytime Phone #

C.R2E003 (9/99)