

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000945**

1. Entity Name

SHERIDAN 300, LTD.

Principal Place of Business

6505 BLUE LAGOON DR., STE. 250  
MIAMI FL 33126-6001

Mailing Address

6505 BLUE LAGOON DR., STE. 250  
MIAMI FL 33126-6011

2. Principal Place of Business

701 Waterford Way

3. Mailing Address

701 Waterford Way

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0618370

Applied For

Not Applicable

Zip  
33126

Country  
USA

Zip  
33126

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CACICEDO, RAMON R JR.,ESQ  
6505 BLUE LAGOON DR., STE. 240  
MIAMI FL 33126-6001

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

701 Waterford Way, Ste 100

City

Miami, Florida

FL

Zip Code

33126

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

Ramon R. Cacicedo, Jr.

4-28-00

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.

**\$100.00**

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 # P94000041021  
NAME SHERIDAN 300, INC.  
STREET ADDRESS 6505 BLUE LAGOON DR., STE. 250  
CITY - ST - ZIP MIAMI FL 33126-6001

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STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 701 Waterford Way, Ste 110

CITY - ST - ZIP Miami, FL 33126

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

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

Jose A. Gonzalez, VP 305-265-1771

Date

Daytime Phone #

FILED

00 MAY 10 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE