

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM****Secretary of State****DOCUMENT # A95000000945**1. Entity Name
SHERIDAN 300, LTD.

Principal Place of Business 701 WATERFORD WAY, SUITE 110 MIAMI FL 33126	Mailing Address 701 WATERFORD WAY, SUITE 110 MIAMI FL 33126
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2. Principal Place of Business 701 WATERFORD WAY Suite, Apt. #, etc. SUITE 110	3. Mailing Address 701 WATERFORD WAY Suite, Apt. #, etc. SUITE 110
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City & State MIAMI FL	City & State MIAMI FL
Zip 33126	Country

4. FEI Number
65-0618370
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CACICEDO RAMON RJR.,ESQ 701 WATERFORD WAY, SUITE 110 MIAMI FL 33126 US	7. Name and Address of New Registered Agent Name CACICEDO RAMON RJR.,ESQ Street Address (P.O. Box Number is Not Acceptable) 701 WATERFORD WAY SUITE 110 City MIAMI FL Zip Code 33126
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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.****01/16/2001**

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. 100.0010. Amount of Capital Contributions
in FLORIDA to date. 100.00**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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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: JOSE A GONZALEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**MR 01/16/2001**

Date

Daytime Phone #

CR2E003 (11/00)