

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001217

1. Entity Name
OCEAN POINT OF MIAMI LTD.



FILED

03 JUN 24 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O JACQUES CLAUDIO STIVELMAN
TWO SO. BISCAYNE BLVD., STE. 2980
MIAMI FL 33131

Mailing Address
C/O JACQUES CLAUDIO STIVELMAN
TWO SO. BISCAYNE BLVD., STE. 2980
MIAMI FL 33131

2. Principal Place of Business
2999 NE 191 STREET

3. Mailing Address
2999 NE 191 STREET

Suite, Apt. #, etc.
SUITE 803

Suite, Apt. #, etc.
SUITE 803

City & State
AVENTURA, FL

City & State
AVENTURA, FL

Zip
33180

Country

Zip
33180

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0609789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STIVELMAN, JACQUES C
TWO SO. BISCAYNE BLVD., SUITE 2980
MIAMI FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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. \$25.00
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 # V09453
NAME PLANINVEST INC.
STREET ADDRESS TWO SO. BISCAYNE BLVD., STE. 2980
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

400018296434
05/06/03 01070 003 **437.50

DOCUMENT #
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400018296434
06/24/03--01052--002 **88.75

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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: x SIGNATURE REQUIRED *Stivelman* 04-25-03 305-935-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

000126 AV