

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001322**

1. Entity Name

TAPLIN FALLS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:21

Principal Place of Business

**1001 SOUTH BAYSHORE DRIVE, SUITE 2100
MIAMI FL 33131**

Mailing Address

**13651 NW 4TH ST.
PEMBROKE PINES FL 33028-2224**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13651 NW 4th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

4. FEI Number

65-0607182

Applied For

Not Applicable

Zip

Country

33028

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAPLIN, JAY A ESQ.

1500 SAN REMO AVE., SUITE 220

CORAL GABLES FL 33131

7. Name and Address of New Registered Agent

Name

JEFF FRANTZ

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

9700 SW 14th ST

City

MIAMI FL 33176

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.

\$5,250,000.00

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

DOCUMENT # **P95000000335**
NAME **TAPLIN MEADOWS DEVELOPMENT CORPORATION**
STREET ADDRESS **1001 SOUTH BAYSHORE DRIVE, SUITE 2100**
CITY - ST - ZIP **MIAMI FL 33131**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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

Date

Daytime Phone #

2/16/00

954-437-1435

CR2E003 (9/99)