

# 2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED  
AND  
FILED

00 APR -5 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

nj4/19



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # A95000001398</b>			
1. Entity Name <b>MERRITT SQUARE MARKETPLACE ASSOCIATES, LTD.</b>			
Principal Place of Business <b>701 BRICKELL AVENUE STE. 1400 MIAMI FL 33131</b>		Mailing Address <b>701 BRICKELL AVENUE STE. 1400 MIAMI FL 33131-2820</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0609987</b>		Applied For <input type="checkbox"/> Additional Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PITTS, W. DOUGLAS 701 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. Capital Contributions as Shown on record. <b>\$6,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P96000034735 NEWCASTER DEVCORP, INC. 701 BRICKELL AVE., STE. 1400 MIAMI FL 33131-2822</b>	STREET ADDRESS CITY - ST - ZIP	<b>300002217172-5 -04/21/00--01001--018 ****141.25 ****141.25</b>
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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: _____		1/11/00 305-379-8467	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Douglas H. Pridges Treasurer</b>		Date Daytime Phone #	