

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000001862

1. Entity Name
WEDGEWOOD PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business
C/O M2 REALTY CORP.
1401 BRICKELL AVE., #630
MIAMI FL 33131

Mailing Address
C/O M2 REALTY CORP.
1401 BRICKELL AVE., #630
MIAMI FL 33131-3503



2. Principal Place of Business

777 Brickell Ave

Suite, Apt. #, etc.
Suite 1200

City & State
Miami FL

Zip
33131

Country

3. Mailing Address

777 Brickell Ave

Suite, Apt. #, etc.
Suite 1200

City & State
Miami FL

Zip
33131

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0645070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVENSHON, IRA M
% M2 REALTY CORPORATION
1401 BRICKELL AVE., SUITE 630
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
777 Brickell Ave
Suite 1200
City Miami FL Zip Code 33131

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. \$9,900.00

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 # P94000014855
NAME LEWINVEST, INC.
STREET ADDRESS C/O TWO ALHAMBRA PLAZA
CITY - ST - ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/13/00 305-373-8800

CR2E003 (9/96)