

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001869

1. Entity Name

LAGUNA ASSOCIATES, LTD.

FILED

00 JAN 21 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1450 MADRUGA AVE., SUITE 303
CORAL GABLES FL 33146

Mailing Address

1450 MADRUGA AVE., SUITE 303
CORAL GABLES FL 33146-3164

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0637370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

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.

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.

\$150,000.00

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 # 341294
NAME PROMOTEC CORPORATION
STREET ADDRESS 1450 MADRUGA AVE., SUITE 303
CITY-ST-ZIP CORAL GABLES FL 33146

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100003115261--3

-01/31/00-01005-002

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DOCUMENT #
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/00

305) 662-6840

Date

Daytime Phone #