

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001951

1. Entity Name

CROSS BAYOU FLEXXSPACE, LTD.

Principal Place of Business

1400 N.W. 107TH AVENUE  
MIAMI FL 33172

Mailing Address

1400 N.W. 107TH AVENUE  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
02 APR 30 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



DUE BY MAY 1, 2002

4. FEI Number

59-3352650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOEL

1400 N.W. 107TH AVENUE  
MIAMI FL 33172

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.

DATE

9. Capital Contributions  
as Shown on record.

\$1,322,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	L99000009096	STREET ADDRESS	
NAME	PINELLAS FLEXXSPACE, LLC	CITY - ST - ZIP	
STREET ADDRESS	1400 N.W. 107TH AVENUE		
CITY - ST - ZIP	MIAMI FL 33172		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

LEVY, JOEL EUP of GP of MGRM

4/29/02

(305) 392-4050

CR2E003 (9/01)

0002158 AV