

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000030

1. Entity Name

3100 PONCE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 5:07

Principal Place of Business
2222 PONCE DE LEON BLVD.
PENTHOUSE
CORAL GABLES FL 33134

Mailing Address
2222 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134-5030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2346848**

Applied For
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUILFORD, F. W. MORT
2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$4,500,000.00**

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 # **P94000015729**
NAME **G.U.F.I. CORPORATION**
STREET ADDRESS **2222 PONCE DE LEON BLVD. PENTHOUSE**
CITY - ST - ZIP **CORAL GABLES FL 33134**

STREET ADDRESS **400003179064--1**
CITY - ST - ZIP **-03/22/00-01011-006**
*****526.25 ***526.25**

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Jeffrey H. Fine

2-4-00 (305) 794-9482
Date Daytime Phone #

CR2E003 (9/99)