

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 96000000792

1. Entity Name

CAPITAL RESOURCES SOUTHEAST, LTD.

A96000000792

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 5:30

Principal Place of Business

1201 N. Tarragona Street Post Office Box 13452
Pensacola, FL 32501 Pensacola, FL 32591

2. Principal Place of Business

3. Mailing Address

c/o Hal Reiff

Suite, Apt. #, etc.

Suite, Apt. #, etc.

30 Broad Street, 31st Fl.

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10004

USA

4. FEI Number

59-3376972

Applied For

Not Applicable

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

Steve Delgallo
1201 N. Tarragona Street
Pensacola, FL 32501

Name
Howard Bregman

Street Address (P.O. Box Number is Not Acceptable)
c/o Greenberg Traurig, P.A.

777 South Flagler Drive, Suite 300 East

City
West Palm Beach FL Zip Code
33401

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

HOWARD BREGMAN agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/00

DATE

9. Capital Contributions

as Shown on records \$48.00

10. Amount of Capital Contributions

in FLORIDA to date. \$48.00

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 # F00000000411
NAME 4011 Okeechobee Boulevard GP,
STREET ADDRESS Inc., a Delaware Corporation
CITY-ST-ZIP 30 Broad Street, 31st Floor

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # New York, NY 10004

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

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CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4011 Okeechobee Boulevard GP, Inc.

SIGNATURE:

By: Hal Reiff, President

4/13/00

Date

(212) 612-9100

Daytime Phone #

CR2E003 (9/99)