

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001562 AV

DOCUMENT # A96000000839

1. Entity Name

PALM DRIVE INVESTMENT, LTD.

FILED

02 MAY -1 AM 10: 54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business

241 SEVILLA AVENUE, SUITE 805  
CORAL GABLES FL 33134

Mailing Address

241 SEVILLA AVENUE, SUITE 805  
CORAL GABLES FL 33134

2. Principal Place of Business

95 Merrick Way

Suite, Apt. #, etc.

Suite 440

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

95 Merrick Way

Suite, Apt. #, etc.

Suite 440

City & State

Coral Gables, FL

Zip

33134

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0741825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS

241 SEVILLA AVENUE, SUITE 805  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

95 Merrick Way

Suite 440

City Coral Gables

FL

Zip Code

33134

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.

\$40,000.00

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 # P96000033425  
NAME PALM DRIVE INVESTMENT GROUP, INC.  
STREET ADDRESS 241 SEVILLA AVENUE, SUITE 805  
CITY-ST-ZIP CORAL GABLES FL 33134

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

95 Merrick Way, Suite 440

CITY-ST-ZIP

Coral Gables, FL 33134

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/01)