

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000000889**

1. Entity Name
COLONIAL SQUARE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -3 PM 1:33

Principal Place of Business
**1655 DREXEL AVENUE, SUITE 209
MIAMI BEACH FL 33139**

Mailing Address
**1655 DREXEL AVENUE, SUITE 209
MIAMI BEACH FL 33139-7765**



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 **65-0666114**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ROSENBERG, JEFFREY
1655 DREXEL AVENUE, SUITE 209
MIAMI BEACH FL 33139**

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

9. Capital Contributions as Shown on record. **\$855,752.00**

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 #	P96000037562	STREET ADDRESS	
NAME	COLONIAL SQUARE, INC.	CITY - ST - ZIP	
STREET ADDRESS	1655 DREXEL AVENUE, SUITE 209		
CITY - ST - ZIP	MIAMI BEACH FL 33139		
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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]* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER