

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A96000000927

1. Entity Name

6484 INDIAN CREEK DRIVE, LTD

Principal Place of Business

11300 NE 2nd Ave
MIAMI SHORES, FL
33161-6695

Mailing Address

11300 NE 2nd AVE
MIAMI SHORES, FL
33161-6695

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0669854

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY -7 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

ROSENBERG, DONALD S
ONE S.E. THIRD AVE.
SUITE 2600
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. \$635,000.00

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 # P9500094189
NAME 6484 INDIAN CREEK DRIVE, INC.
STREET ADDRESS 11300 N.E. SECOND AVENUE
CITY-ST-ZIP MIAMI SHORES, FL 33161-6695

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE: Timothy H. Czerniec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Senior Vice President for Business
and Finance

05-01-01 (305) 899-3050

Date

Daytime Phone #

BR2E003 (11/00)