## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM DUSINESS REPU	nı (	UDN		
DOCUMENT # A9600001275	_		FILEO	
GUARANTY BUILDING LIMITED PARTNERSHIP		SECRETARY OF STATE DIVISION OF CORPORATIONS	•	
Principal Place of Business Mailing Address			OO MAR 20 AN II: 28	
120 G. OLIVE AVE.: STE. 200 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			m/zarioo	
THEST FALM DENOTITE 30401 TEST FALM DENOTITE 30401-3031		//		
Principal Place of Business     3. Mailing Address		<del></del>		
319 Clematis Street 319 Clematis St Suite, Apt. #, etc. Suite, Apt. #, etc.		Street	DO NOT WRITE IN THIS SPACE	
Suite 200         Suite 200           City & State         City & State			4. FEI Number or accounts Applied For	3
West Palm Beach, FL West Palm Zip Country Zip	T		Not Applicable	1
33401 United States 33401	Unite	d State	\$ 5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent	┨
BERIRO, ALBERT			Albert Beriro	4-
120 S. OLIVE AVE., STE. 200	}_	Street Address	(P.O. Box Number is Not Acceptable) _319_Clematis Street, Suite 200_	1
WEST PALM BEACH FL 33401				]
		City	West Palm Beach FL Zip Code 33401	
8. The above named thirty submits this stylement for the purpose of changing its	s registered	l office or registe		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTI	rt Be	eriro Agent signature requir	ed when reinstating)  DATE  DATE	
9. Capital Contributions as Shown on record. \$300,000.00 In FLORIDA to d		ntions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on the company of the change of	ITITY MU:	ST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.	
12. GENERAL PARTNER INFORMATION	13.		ADDRESS CHANGES ONLY	_ [
DOCUMENT / L73768 NAME ALCAD REAL ESTATE CORP.	STREET	ADDRESS	319 Clematis Street, Suite 200	(6/6)
STREET ADDRESS CITY-ST-ZIP 120 S. OLIVE AVE., STE. 206 WEST PALM BEACH FL 33401	CITY-S	17-ZIP	West Palm Beach, FL 33401	2E003 (9/99)
DOCUMENT # NAME	STREET	ADDRESS		15
STREET ADDRESS ( CITY - ST - ZIP	CITY-S	ıī-ZIP		
DOCUMENT# NAME	STREET	ADDRESS	4000031890748 -03/29/00 -01077 -007	
STREET ADDRESS CITY-ST-ZIP	CITY-S	τ-ZIP	****535.00 ****535.00 ·	41.
DOCUMENT # NAME	STREET	ADDRESS		
STREET ADDRESS CITY - ST - ZIP	CITY-S	T-ZIP		
DOCUMENT #	STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY-SI	T-ZIP		
NAME	STREET	ADDRESS		
STREET AODRESS CITY- ST-ZIP	CITY-SI			
14. I hereby certify that the information supplied with this filling does not qualify for indicated on this report is true and accurate and that my signature shall have the receiver or trustee empowered to execute this report as required by Chapt	r the exemp the same le ter 620, Flo	ption stated in S egal effect as if orida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL	ED AL PARTNER		3/17/00 561-833-6668  Date Dayline Prione #	
				1