

2001 UNIFORM BUSINESS REPORT (UBR)

0006138 AF

Handwritten signature

DOCUMENT # **A96000002131**

1. Entity Name

FLAMINGO FALLS PROFESSIONAL CENTER, LTD.

FILED

01 APR -6 PM 12:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4960 SW 72 AVE., SUITE 404
MIAMI FL 33155**

**4960 SW 72 AVE., SUITE 404
MIAMI FL 33155**

2. Principal Place of Business

4960 SW 72 AVE

3. Mailing Address

4960 SW 72 AVE

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0707898

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33155

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FFPC, INC.
5703 SW 85TH ST.
SO. MIAMI FL 33143**

Name

FFPC, INC

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

4960 SW 72 AVE., Suite 400

City

MIAMI

FL

Zip Code

33155

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.

\$5,000,100.00

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 # **P96000094977**
NAME **FFPC, INC.**
STREET ADDRESS **5703 SW 85TH ST.**
CITY-ST-ZIP **SO. MIAMI FL 33143**

STREET ADDRESS **4960 SW 72 AVE, Suite 400**
CITY-ST-ZIP **MIAMI, FL 33155**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/15/01 305/6621421
Date Daytime Phone #

CR2E003 (11/00)