

2002 UNIFORM BUSINESS REPORT (UBR)

0010830 AT

DOCUMENT # **A96000002134**

1. Entity Name

UNIVERSITY MALL ASSOCIATES, LTD.

FILED

02 APR 25 PM 12:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI FL 33181	Mailing Address 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI FL 33181
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-1384137** Applied For Not Applicable

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

**IRELAND UNIVERSITY, INC.
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI FL 33181**

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

DATE

9. Capital Contributions as Shown on record. **\$10,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **A29773**
NAME **IRELAND UNIVERSITY, LTD.**
STREET ADDRESS **12000 BISCAYNE BLVD., PENTHOUSE 810**
CITY-ST-ZIP **MIAMI FL 33181**

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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: **Lou Ireland** **IRELAND V.P.** **4-16-02** **305-891-6806**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

CR2E003 (9/01)