

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002239

1. Entity Name

WATERFORD CENTRE, LTD.

FILED

00 MAY 16 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2600 DOUGLAS ROAD  
SUITE 505  
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS ROAD  
SUITE 505  
CORAL GABLES FL 33134-6100

2. Principal Place of Business

6205 Blue Lagoon Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite 120

City & State

Miami, Florida

City & State

4. FEI Number

65-0707386

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOUTH FLORIDA RESIDENT AGENTS, INC.  
200 SOUTH BISCAYNE BLVD., SUITE 4750  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

B & C CORPORATE SERVICES, INC.

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

201 S. Biscayne Blvd.

Suite 3000

City

Miami

FL

Zip Code

33131

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$3,038,038.74

10. Amount of Capital Contributions  
in FLORIDA to date.

\$3,038,038.74

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 # P95000040476  
NAME WATERFORD CENTRE, INC.  
STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 505  
CITY - ST - ZIP CORAL GABLES FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Steven T. Levitt, CPA 2/14/2000 (305)461-2142 X-11

Date

Daytime Phone #