

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002239**

1. Entity Name

WATERFORD CENTRE, LTD.

Principal Place of Business

Mailing Address

**6205 BLUE LAGOON DR., SUITE 120
MIAMI FL 33126**

**2600 DOUGLAS RD., SUITE 204
CORAL GABLES FL 33134-6100**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0707386

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

**B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131**

Name
JUAN LOUMIET - GREENBERG TRAUIG

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

1221 BRICKELL AVENUE

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 title 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.

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

STREET ADDRESS **2600 DOUGLAS ROAD, SUITE 204**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **500003931315--5**
03/30/01 01055 004
*****526.25 ***526.25**

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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:

STEVEN T. LEVITT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Steven T. Levitt, CPA

2/28/01

(305)461-2142 X-11

Date

Daytime Phone #

CR2E003 (11/00)

0004404 AF

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE