

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000294

1. Entity Name  
EUSTIS MARKETPLACE, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 10 PM 1:44

Principal Place of Business  
200 WEST PALMETTO PARK ROAD, SUITE 301  
BOCA RATON FL 33432

Mailing Address  
200 WEST PALMETTO PARK ROAD, SUITE 301  
BOCA RATON FL 33432-3759



2. Principal Place of Business  
SAME →

3. Mailing Address  
6700 NW BROKEN SOUND PKWY  
Suite, Apt. #, etc.  
SUITE 201

DO NOT WRITE IN THIS SPACE

City & State  
BOCARATON, FLORIDA

4. FEI Number 65-0723229  
Applied For  
Not Applicable

Zip Country Zip Country  
33487

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FAUST, MARC L ESQUIRE  
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
MIAMI FL 33133

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$693,000.00

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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000006796 EUSTIS MARKETPLACE, INC. 200 WEST PALMETTO PARK ROAD, SUITE 301 BOCA RATON FL 33432	STREET ADDRESS CITY - ST - ZIP	6700 NW BROKEN SOUND PARKWAY #201 BOCA RATON, FLORIDA 33487
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<del>6888883144386</del> 0 -02/23/00--01041--002 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	mf 2/17/00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME 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: FRANK J. GULISANO 1/25/00 561-994-0919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)