

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000294**

1. Entity Name

EUSTIS MARKETPLACE, LTD.

Principal Place of Business

**6700 NW BROKEN SOUND PKWY
SUITE 201
BOCA RATON FL 33487**

Mailing Address

**6700 NW BROKEN SOUND PKWY
SUITE 201
BOCA RATON FL 33487**

FILED

01 FEB 19 AM 11:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

65-0723229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAUST, MARC L ESQUIRE
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33133**

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.

(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 # **P97000006796**
NAME **EUSTIS MARKETPLACE, INC.**
STREET ADDRESS **6700 NW BROKEN SOUND PARKWAY, STE. 201**
CITY-ST-ZIP **BOCA RATON FL 33487**

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FRANK GULISANO

Date

Daytime Phone #

FEB 15 2001

561-994-0919

CR2E003 (11/00)