

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000343

1. Entity Name

BREAKSTONE SW, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 1:29

Principal Place of Business

Mailing Address

~~2800 BISCAYNE BLVD., SUITE 500~~
~~NORTHEAST FL 33180~~

~~2875 NE 49TH ST., SUITE 500~~
~~AVENUE FL 33180~~

2. Principal Place of Business

1200 Ponce de Leon Blvd

3. Mailing Address

1200 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number

65-0832222

Applied For

Not Applicable

Zip
33134

Country
US

Zip
33134

Country
US

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

WOLF, JORGE LUIS ESQ.

~~2875 NORTHEAST 49TH STREET, SUITE 500~~

~~TURNBERRY PLAZA~~

~~AVENUE FL 33180~~

Name

Wolf, Jorge Luis Esq.

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

1200 Ponce de Leon Blvd.

City

Coral Gables

FL

Zip Code

33134

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.

\$9,900.00

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 # L95000000503
NAME BREAKSTONE SW, L.C.

STREET ADDRESS ~~2875 NE 49TH ST., SUITE 500~~
CITY - ST - ZIP ~~AVENUE FL 33180~~

STREET ADDRESS

1200 Ponce de Leon Blvd

CITY - ST - ZIP

Coral Gables, FL 33134

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

Date

Daytime Phone #