

# 2000 UNIFORM BUSINESS REPORT (UBR)

0005754 AF

DOCUMENT # **A97000000376**

1. Entity Name  
**SUNDAYS ON THE BAY, LTD.**

FILED

00 MAY -2 AM 10: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**5420 CRANDON BLVD.  
KEY BISCAYNE FL 33149**

Mailing Address  
**% SUNDAYS ON THE BAY, INC.  
2450 SW 137TH AVE., SUITE 226  
MIAMI FL 33175-6332**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0732013**  
Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**A & P REGISTERED AGENT, INC.  
2450 S.W. 137TH AVENUE, SUITE 226  
MIAMI FL 33175**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,200,000.00**

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 # **P97000013399**  
NAME **SUNDAYS ON THE BAY, INC.**  
STREET ADDRESS **2450 S.W. 137TH AVENUE, SUITE 226**  
CITY - ST - ZIP **MIAMI FL 33175**

STREET ADDRESS  
CITY - ST - ZIP

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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: **SUNDAYS ON THE BAY, LTD.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/19/00** **(305)361-677**  
Date Daytime Phone #

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