

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001651 AT

DOCUMENT # **A97000000667**

1. Entity Name
PLAZA DE FLORES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 11 PM 3:14

Wg/23

Principal Place of Business
**2 N. TAMiami TRAIL
SUITE 210
SARASOTA FL 34236**

Mailing Address
**2 N. TAMiami TRAIL
SUITE 210
SARASOTA FL 34236**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number **65-0837195**

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

7. Name and Address of New Registered Agent

**MERRILL, CULLIS, TIMM, FUREN & GINSBURG, PA
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237**

Name

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

700022968497
09/11/03--01074--001 **541.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P96000096346**
NAME **PLAZA DE FLORES DEVELOPMENT CORPORATION**
STREET ADDRESS **2 N. TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34236**

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.

Sole Partner for PLAZA DE FLORES DEVELOPMENT CORPORATION

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/27/03 416 222 1221

Date Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE