

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000810

1. Entity Name

MANOR LANE DEVELOPMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3: 05



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6358 MANOR LANE
SOUTH MIAMI FL 33143

Mailing Address
6358 MANOR LANE
SOUTH MIAMI FL 33143-4961

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0745306** 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.

SIMON, GARY P ESQ.
9100 S. DADELAND BLVD., SUITE 504
MIAMI FL 33156-7815

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. **\$20,000.00** 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 # **P97000032492**
NAME **MANOR LANE DEVELOPMENT CORP.**
STREET ADDRESS **6370 MANOR LANE**
CITY - ST - ZIP **SOUTH MIAMI FL 33143**

STREET ADDRESS
CITY - ST - ZIP **300003249113 - -3**
~~-05/12/00 - -01003 - -011~~
******228.75 ****228.75**

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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: **James R. Stege** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/00 Date **305-662-1973** Daytime Phone #