

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003978 AF

DOCUMENT # A97000001159

1. Entity Name

CYPRESS INVESTMENT ASSOCIATES, LTD.

FILED

00 APR -6 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

155 S. MIAMI AVE., SUITE 1150  
MIAMI FL 33130

Mailing Address

155 S. MIAMI AVE., SUITE 1150  
MIAMI FL 33130-1609

2. Principal Place of Business

155 S. Miami Ave.

3. Mailing Address

155 S. Miami Ave.

Suite, Apt. #, etc.

Suite PH-2A

Suite, Apt. #, etc.

Suite PH-2A

City & State

City & State

4. FEI Number

65-0757583

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

PANTHER REALTY ADVISORS, INC.

155 S. MIAMI AVE., SUITE 1150

MIAMI FL 33130

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

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.

\$1,300,000.00

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

DOCUMENT # P97000046114  
NAME CYPRESS PANTHER, INC.  
STREET ADDRESS 155 S. MIAMI AVE., SUITE 1150  
CITY - ST - ZIP MIAMI FL 33130

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

155 S. Miami Ave., Suite PH-2A

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/02 305-374-7075  
Date Daytime Phone #