

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002722**

1. Entity Name
DMCD ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:41

Principal Place of Business
**8725 NW 18TH TERRACE, SUITE 206
MIAMI FL 33172**

Mailing Address
**8725 NW 18TH TERRACE, SUITE 206
MIAMI FL 33172-2697**



2. Principal Place of Business
Suite, Apt. #, etc.
SUITE 204
City & State

3. Mailing Address
Suite, Apt. #, etc.
SUITE 204
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0826322** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DOUGLAS, PAUL
8725 NW 18TH TERRACE, SUITE 206
MIAMI FL 33172**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**8725 NW 18TH TERRACE
SUITE 204**
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. **\$2,287,100.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000103012 VERTICAL DEVELOPMENT, INC. 8725 NW 18TH TERRACE, SUITE 206 MIAMI FL 33172	STREET ADDRESS CITY - ST - ZIP	8725 NW 18TH TERRACE, SUITE 204
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	inf 3/13/00
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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 REQUIRED PAUL DOUGLAS 2-19-00 305-594-7730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)