

2001 UNIFORM BUSINESS REPORT (UBR)

0005645 AF

DOCUMENT # **A97000002722**

1. Entity Name

DMCD ASSOCIATES, LTD., LLP

FILED

01 MAY -1 PM 12:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**8725 NW 18TH TERRACE, SUITE 204
SUITE 204
MIAMI FL 33172**

Mailing Address

**8725 NW 18TH TERRACE, SUITE 204
SUITE 204
MIAMI FL 33172**

2. Principal Place of Business

8725 NW 18TH TERRACE

Suite, Apt. #, etc.

SUITE 204

City & State
MIAMI, FL

Zip
33172

Country

3. Mailing Address

8725 NW 18TH TERRACE

Suite, Apt. #, etc.

SUITE 204

City & State
MIAMI, FL

Zip
33172

Country

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 204
MIAMI FL 33172**

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.

\$2,287,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,287,100.00

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 # **P97000103012**
NAME **VERTICAL DEVELOPMENT, INC.**
STREET ADDRESS **8725 NW 18TH TERRACE, SUITE 204**
CITY-ST-ZIP **MIAMI FL 33172**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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*******526.25 *****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

SIGNATURE:

Paul Douglas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-01

305-594-7730

Date

Daytime Phone #

CR2E003 (11/00)