

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000152

1. Entity Name

UROSOUTH, LTD.

Principal Place of Business

BOX 431760  
MIAMI FL 33243

Mailing Address

BOX 431760  
MIAMI FL 33243-1760

FILED

00 MAR 31 PM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4709 SW 75 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33155

Country

USA

Country

4. FEI Number

65-0803443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UROSOUTH, INC.

7000 S.W. 62ND AVENUE, #340

MIAMI FL 33143

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.

\$36,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$47,000.00

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 # P96000084183  
NAME UROSOUTH, INC.  
STREET ADDRESS 7000 S.W. 62ND AVENUE, #340  
CITY - ST - ZIP MIAMI FL 33143

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4709 SW 75th AVENUE  
CITY - ST - ZIP MIAMI, FL 33155

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

FF \$417.75

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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:

SIGNATURE REQUESTER: STEPHEN PIERCE

11/1/00

305-264-8011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)