

2001 UNIFORM BUSINESS REPORT (UBR)

0003790 AF

DOCUMENT # **A98000000375**

1. Entity Name

HEAT STORE, LTD.

FILED

01 FEB 11 9 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVE., SUITE 2300
MIAMI FL 33131**

Mailing Address
**SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVE., SUITE 2300
MIAMI FL 33131**

2. Principal Place of Business
**601 BISCAYNE BLVD
Suite, Apt. #, etc.
AMERICAN AIRLINES ARENA
City & State
Miami FL
Zip 33132 Country USA**

3. Mailing Address
**601 BISCAYNE BLVD
Suite, Apt. #, etc.
AMERICAN AIRLINES ARENA
City & State
Miami FL
Zip 33132 Country USA**

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

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. **\$7,425.00**

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 # **P98000012711**
NAME **HEAT STORE, INC.**
STREET ADDRESS **ONE SOUTHEAST THIRD AVE., SUITE 2300**
CITY-ST-ZIP **MIAMI FL 33131**

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Samuel A. Sullivan

1/18/01

786-777-4089

CF 5003 (11/00)