

2001 UNIFORM BUSINESS REPORT (UBR)

0004256 AF

DOCUMENT # A98000000556

1. Entity Name

P-95/GO LIMITED PARTNERSHIP

Principal Place of Business

~~C/O WHITE & CASE~~
200 E. BAYVIEW BLVD., SUITE 4900

Mailing Address

TWO ALHAMBRA PLAZA, PENTHOUSE 2
CORAL GABLES FL 33134

FILED

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

355 Alhambra Circle, Suite 900

Coral Gables, Florida 33134

Suite, Apt. #, etc.

355 Alhambra Circle, Suite 900

Coral Gables, Florida 33134

4. FEI Number

65-0823086

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

7. Name and Address of New Registered Agent

BEFELER, HENRY
TWO ALHAMBRA PLAZA
PH II
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134

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.

\$7,500.00

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 # P98000019184
NAME P-95/GO, INC.
STREET ADDRESS TWO ALHAMBRA PLAZA, PENTHOUSE 2
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS 355 Alhambra Circle, Suite 900
CITY-ST-ZIP Coral Gables, Florida 33134

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

by Kallei
P95/GO, Inc.
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/01
Date

305 520 2300
Daytime Phone #

CR2E003 (11/00)