

2000 UNIFORM BUSINESS REPORT (UBR)

U008855
AF

DOCUMENT # A98000000751

1. Entity Name

PINEAPPLE CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 6:48



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1801 SOUTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483

Mailing Address
1801 SOUTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483-3321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0827349

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

MULLER, CHARLES E II
9350 S. DIXIE HIGHWAY, SUITE 1550
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name Richard Werber
Street Address (P.O. Box Number is Not Acceptable)
6111 Broken Sound Parkway, NW
City Boca Raton FL Zip Code 33487

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. \$1,336,000.00

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 # P97000013405
NAME LINTON, INC.
STREET ADDRESS 1801 SOUTH FEDERAL HIGHWAY
CITY - ST - ZIP DELRAY BEACH FL 33483

DOCUMENT # P98000016329
NAME FRANRAD ENTERPRISES, INC.
STREET ADDRESS 352 N.E. 3RD AVENUE
CITY - ST - ZIP DELRAY BEACH FL 33444

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 900003209799-1
CITY - ST - ZIP -04/14/00--01077--009
****526.25 ****526.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)