

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000781**

1. Entity Name

**SHOPPES INVESTMENTS LTD.**

Principal Place of Business

**5454 WISCONSIN AVENUE, SUITE 1265  
CHEVY CHASE MD 20815**

Mailing Address

**5454 WISCONSIN AVENUE, SUITE 1265  
CHEVY CHASE MD 20815-6920**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2089983**

Applied For

Not Applicable

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

**WIELAND, JEFFREY P ESQ.  
C/O MAGUIRE, VOORHIS & WELLS, P.A.  
2 SOUTH ORANGE AVENUE  
ORLANDO FL 32801**

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.

**\$7,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$7,500.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000005788**  
NAME **SIP OF ORLANDO, INC.**  
STREET ADDRESS **5454 WISCONSIN AVENUE, SUITE 1265**  
CITY - ST - ZIP **CHEVY CHASE MD 20815**

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

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**MICHAEL D. RUBIN**  
**PRES. - CORP. GP.**

Date

Daytime Phone #

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**00 MAY 12 PM 1:33**



DO NOT WRITE IN THIS SPACE

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**06/20/00--01075--008**  
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