

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000840

1. Entity Name
ALAMEDA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33

Principal Place of Business
555 SOUTH POMPANO PARKWAY
POMPANO BEACH FL 33069

Mailing Address
VALDES FAULI ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD SUITE 3400
MIAMI FL 33131-1802



2. Principal Place of Business

3. Mailing Address
RJVF CORPORATE SERVICES, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
c/o Steel, Hector & Davis

City & State

City & State
200 So. Biscayne Blvd., Ste. 4000

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip
Miami, FL 33131

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., STE. 3400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
RJVF CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
c/o Steel, Hector & Davis
200 So. Biscayne Boulevard, Suite 4000
City
Miami FL Zip Code
33131

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 By: Raul J. Valdes-Fauli, Pres. 04/24/00
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. \$1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000090940
NAME MISTY/INWOOD CORP.
STREET ADDRESS 555 SOUTH POMPANO PARKWAY
CITY - ST - ZIP POMPANO BEACH FL 33069

STREET ADDRESS

CITY - ST - ZIP

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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: Maria Clara Galdames
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.10.2000

Date

954.9684408

Daytime Phone #