

2002 UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A98000000840

1. Entity Name

ALAMEDA, LTD.

Principal Place of Business

680 WEST PALM AIRE DRIVE
POMPANO BEACH FL 33069

Mailing Address

% STEEL, HECTOR & DAVIS
200 S. BISCAYNE BLVD., STE. 4100
MIAMI FL 33131

FILED
02 APR 22 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number 65-0833456

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

RJVF CORPORATE SERVICES, INC.
% STEEL, HECTOR & DAVIS, LLP
200 S. BISCAYNE BLVD., SUITE 4100
MIAMI FL 33131

Name

CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.

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

SAME

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.

1/28/02
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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CR2E003 (9/01)

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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/18/02 954.9684408

Date Daytime Phone #