

2001 UNIFORM BUSINESS REPORT (BR)

000460 AF

DOCUMENT # A98000001054

1. Entity Name

2500 PONCE ASSOCIATES, LTD.

FILED

01 APR 11 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

407 LINCOLN ROAD
#704
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD
#704
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0861679

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALLANDER, MARK
9700 S DIXIE HWY
SUITE 900
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: MARK Hollander
Street Address (P.O. Box Number is Not Acceptable): 11410 N. Kendall Drive
Suite #207
City: Miami FL Zip Code: 33176

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: Mark Hallander MARK Hollander 11/1/01
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. **\$225,000.00**

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000037999	STREET ADDRESS	500004014759--8
NAME	2500 PONCE ASSOCIATES, INC.	CITY-ST-ZIP	04/18/01--01013--018
STREET ADDRESS	407 LINCOLN ROAD #704		*****88.75 *****88.75
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	500004014759--8
NAME		CITY-ST-ZIP	04/18/01--01013--018
STREET ADDRESS			****437.50 ****437.50
CITY-ST-ZIP			
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CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: Jonathan D. Beloff Jonathan D. Beloff 11/1/01 305-532-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)