

2001 UNIFORM BUSINESS REPORT (BR)

DOCUMENT # A98000001054

1. Entity Name

2500 PONCE ASSOCIATES, LTD.

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

Zip

Country

Zip

Country

4. FEI Number

65-0861679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

DOCUMENT # P98000037999
NAME 2500 PONCE ASSOCIATES, INC.
STREET ADDRESS 407 LINCOLN ROAD #704
CITY-ST-ZIP MIAMI BEACH FL 33139

13. ADDRESS CHANGES ONLY

STREET ADDRESS

500004014759--8

CITY-ST-ZIP

04/18/01--01013--018
*****88.75 *****88.75

STREET ADDRESS

CITY-ST-ZIP

500004014759--8

STREET ADDRESS

04/18/01--01013--019
*****437.50 *****437.50

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jonathan D. Beloff

Date

Daytime Phone #

FILED

01 APR 11 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)