

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR -8 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AV

DOCUMENT # **A98000001054**

1. Entity Name

2500 PONCE ASSOCIATES, LTD.

Principal Place of Business

Mailing Address

**407 LINCOLN ROAD
#704
MIAMI BEACH FL 33139**

**407 LINCOLN ROAD
#704
MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0861679

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

HALLANDER, MARK

**11410 N. KENDALL DR., STE. 207
MIAMI FL 33176**

Name

MARK Hollander

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

11410 N. KENDALL DR. # 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 Hollander

2-1-02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$225,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

225,000

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 B. Beloff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

2/1/02

Daytime Phone #

**(305)
532-6100**

CR2E003 (9/01)

STAPLE CHECK HERE