

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001238

1. Entity Name

CCD HYPOLUXO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

mg



Principal Place of Business

C/O CONCORDE HYPOLUXO, INC.
11015 NORTH DALE MABRY
TAMPA FL 33618

Mailing Address

C/O CONCORDE HYPOLUXO, INC.
11015 NORTH DALE MABRY
TAMPA FL 33618

2. Principal Place of Business

13014 N. DALE MABRY HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 356

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3515825

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

MURPHY, THOMAS J

11015 NORTH DALE MABRY

TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$252,000.00

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 # P98000044430
NAME CONCORDE HYPOLUXO, INC.
STREET ADDRESS 11015 NORTH DALE MABRY
CITY - ST - ZIP TAMPA FL 33618

13. ADDRESS CHANGES ONLY

STREET ADDRESS 13014 N. DALE MABRY HWY - SUITE 356
CITY - ST - ZIP TAMPA, FL 33618

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP
700003242697-8
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)