

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001325

1. Entity Name

EXECUTIVE PLAZA OF CAPE CORAL LIMITED PARTNERSHI

FILED

WL 3/23

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
5865 SOUTHWEST 119 STREET
MIAMI FL 33156

Mailing Address
5865 SOUTHWEST 119 STREET
MIAMI FL 33156-5754



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5880 S.W 91 STREET
Suite, Apt. #, etc.

3. Mailing Address
5880 S.W 91 STREET
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA
Zip
33156
Country
U.S.A

City & State
MIAMI FLORIDA
Zip
33156
Country
U.S.A

4. FEI Number 65-6003020
Applied For
Not Applicable

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

SMYRLES, JAMES J
5865 SOUTHWEST 119 STREET
MIAMI FL 33156

Name JANA J. SMYRLES
Street Address (P.O. Box Number is Not Acceptable)
5880 S.W 91 STREET
City MIAMI FL Zip Code 33156

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]* DATE 2/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #
NAME SMYRLES, VIRGINIA A
STREET ADDRESS 5865 SOUTHWEST 119 STREET
CITY - ST - ZIP MIAMI FL 33156

STREET ADDRESS 5880 S.W 91 STREET
CITY - ST - ZIP MIAMI FLORIDA 33156

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/00
Date

666-5563
305 497-7713
Daytime Phone #

CP2E003 (9/99)