

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A98000001326**

1. Entity Name  
**ROYAL PALM CORPORATE CENTER ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
00 FEB 14 AM 10:24

Principal Place of Business  
**2500 MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431**

Mailing Address  
**2500 MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431-6306**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0849243**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FRICKE, HENRY A ESQ.  
2500 MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00**

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 #<br><b>P98000047207</b>                | <b>ROYAL PALM CORPORATE CENTER, INC.</b> | STREET ADDRESS           | <b>3000003148113--5</b>      |
| NAME<br><b>ROYAL PALM CORPORATE CENTER, INC.</b> | <b>2500 MILITARY TRAIL, SUITE 200</b>    | CITY - ST - ZIP          | <b>-02/25/00--01091--001</b> |
| STREET ADDRESS<br><b>BOCA RATON FL 33431</b>     |  |                          | <b>****141.25 ****141.25</b> |
| CITY - ST - ZIP                                  |  |                          | <i>ny 2/23/00</i>            |
| DOCUMENT #                                       |  | STREET ADDRESS           |                              |
| NAME   |  | CITY - ST - ZIP          |                              |
| STREET ADDRESS                                   |  |                          |                              |
| CITY - ST - ZIP                                  |  |                          |                              |
| DOCUMENT #                                       |  | STREET ADDRESS           |                              |
| NAME   |  | CITY - ST - ZIP          |                              |
| STREET ADDRESS                                   |  |                          |                              |
| CITY - ST - ZIP                                  |  |                          |                              |
| DOCUMENT #                                       |  | STREET ADDRESS           |                              |
| NAME   |  | CITY - ST - ZIP          |                              |
| STREET ADDRESS                                   |  |                          |                              |
| CITY - ST - ZIP                                  |  |                          |                              |
| DOCUMENT #                                       |  | STREET ADDRESS           |                              |
| 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: \_\_\_\_\_**

**SIGNATURE REQUIRED**

**Anthony V. Pugliese, III President**

Date **2/1/00** Daytime Phone # **(561)997-6666**

CR2E003 (9/99)