

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001467**

1. Entity Name

CENTRES LAPLACE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

[Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**TWO DATRAN CENTER
9130 SOUTH DADELAND BLVD., SUITE 1528
MIAMI FL 33156**

Mailing Address
**C/O CENTRES, INC.
3315 NORTH 124TH STREET, SUITE E
BROOKFIELD WI 53005-3105**

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

3. Mailing Address
c/o Centres, Inc.
Suite, Apt. #, etc.
Two Datan Center, Suite 1528
City & State
9130 S. Dadeland Blvd. Miami, FL
Zip
33156
Country
USA

4. FEI Number **39-1934562**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CENTRES LA PLACE GP, INC.
TWO DATRAN CENTER
9130 SOUTH DADELAND BLVD., SUITE 1528
MIAMI FL 33156**

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. **\$5,000.00**

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 #	P98000052388	STREET ADDRESS		
NAME	CENTRES LA PLACE GP, INC.	CITY - ST - ZIP		
STREET ADDRESS	3315 NORTH 124TH STREET, SUITE E			
CITY - ST - ZIP	BROOKFIELD WI 53005			
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
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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

Centres LaPlace GP, Inc.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* Date **2/12/00** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)