

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001675**

1. Entity Name

CENTRES CYPRESS LIMITED PARTNERSHIP

Principal Place of Business

**9130 SOUTH DADELAND BLVD., SUITE 1528
TWO DATRAN CENTER
MIAMI FL 33156**

Mailing Address

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05



2. Principal Place of Business

3. Mailing Address

c/o Centres, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Two Datan Center, Suite 1528

City & State

City & State

9130 S. Dadeland Blvd. Miami, FL

Zip

Country

Zip

Country

33156

USA

4. FEI Number

39-1935519
APPLIED FOR

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

**CENTRES CYPRESS GP, INC.
9130 SOUTH DADELAND BLVD., SUITE 1528
TWO DATRAN CENTER
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

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.

\$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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**CENTRES CYPRESS GP, INC.
3315 NORTH 124TH STREET, SUITE D
BROOKFIELD WI 53005**

STREET ADDRESS

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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

By: **Centres Cypress GP, Inc.**

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)