(1)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #- A98000001745

(Entity Name)

WESTON PROFESSIONAL PLAZA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 AM 11:05

Principal Place of Business	Mailing Address
500 WESTON ROAD, SUITE 103 WESTON FL 33331	2500 WESTON ROAD, SUITE 103 WESTON FL 33331

3. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. #105	Suite, Apt. #, etc. #105
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0873971

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
ARVESU, MANUEL M ESQ. 2121 PONCE DE LEON BOULEVARD, SUITE 920 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in accordance with Florida Law.

9. Authorized Shares	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
as shown on last report 635,000 ~~$100,000.00~~	635,000	

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 CHANGE ONLY
WESTON PROFESSIONAL CENTER, INC. 2500 WESTON ROAD, SUITE 103 WESTON FL 33331	STREET ADDRESS CITY-ST-ZIP
	STREET ADDRESS CITY-ST-ZIP
	STREET ADDRESS CITY-ST-ZIP
	STREET ADDRESS CITY-ST-ZIP
	STREET ADDRESS CITY-ST-ZIP
	STREET ADDRESS 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER