2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9800001745 1. Entity Name						FILED		
WESTON PROFESSIONAL PLAZA, LTD.						02 FEB 18 PM 3: 52		
Principal Plac 2500 WESTON WESTON FL		Mailing Address 2500 WESTON ROAD, SUI' WESTON FL 33331	TE 103		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2_Principal P	ness,	3. Mailing Address	.1	اء				
2-Principal Place of Business 2800 WESTON Rd 7800 WE Swite, Apt. #, etc. Suite, Apt. #, etc.				MOD K	<u>u</u>			
264			301		DUE BY MAY 1, 2002			
Weston FL			Will too A			4. FEI Number 65-0873971	Applied For Not Applicable	
333	31	Country	^{zi} 33331	Country			.75 Additional	
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					Street Address (P.O. Box Number is Not Acceptable) LCOAL Information arvices, Inc.			
					gai		· ·	
					90	weston Rd # 30		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, who is the State of Florida.								
SIGNATURE (Significate Application and title if applicable.) Significate Application of The Signification of The								
Capital Contributions Shown on record. \$100,000.00 10. Amount of Capital Contributions in FLORIDA to date.						11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR F		
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.	1	ADDRESS CHANGES ONLY			
DOCUMENŤ # NAME STREET ADDRESS	WESTON PROFESSIONAL CENTER, INC. 2500 WESTON ROAD, SUITE 103 WESTON FL 33331			STREET ADDRESS	70	Box 268270		
CITY-ST-ZIP				CITY-ST-ZIP Weston, PL 33326				
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NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				
DOCUMENT # 1				STREET ADDRESS				
STREET ADDRESS			CITY OT 710					

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