

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001753**

1. Entity Name

CAP-EAST ASSOCIATES, LTD.

Principal Place of Business

**300 GRECO AVENUE
CORAL GABLES FL 33146**

Mailing Address

**300 GRECO AVENUE
CORAL GABLES FL 33146-1811**

2. Principal Place of Business

10165 NW 19 STREET

Suite, Apt. #, etc.

3. Mailing Address

10165 NW 19 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0868825

Applied For

Not Applicable

Zip

33172

Country

Zip

33172

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

EDWARD W. EASTON

Street Address (P.O. Box Number is Not Acceptable)

10165 NW 19 STREET

City

MIAMI, FLORIDA

FL

Zip Code

33172

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

Edward W. Easton
Signature, typed or printed name of registered agent and title if applicable.

Edward W. Easton

(NOTE: Registered Agent signature required when reinstating)

04/07/2000

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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

DOCUMENT # **P98000064366**
NAME **CAP-EAST ASSOCIATES, INC.**
STREET ADDRESS **300 GRECO AVENUE**
CITY - ST - ZIP **CORAL GABLES FL 33146**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

10165 NW 19 STREET

CITY - ST - ZIP

MIAMI, FLORIDA 33172

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #
NAME
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CITY - ST - ZIP

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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
Edward W. Easton

Edward W. Easton

04-07-00

(305) 593-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2F001 (9/99)