

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002059**

1. Entity Name

C I GLENDALE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3: 05



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 Datran Center, Suite 1528
City & State
9130 S. Dadeland Blvd. Miami, Fl.
Zip
33156
Country
USA

4. FEI Number **39-1940023** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CENTRES GLENDALE 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 _____

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 #	P98000075807	STREET ADDRESS	
NAME	CENTRES GLENDALE GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	3315 NORTH 124TH STREET, SUITE E		
CITY - ST - ZIP	BROOKFIELD WI 53005		
DOCUMENT #		STREET ADDRESS	
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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)(l), 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 Glendale GP, Inc.

SIGNATURE:

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

Date

Daytime Phone #

CR2E003 (9/99)