

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002214**

1. Entity Name

CENTRES GULF COAST, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
c/o Centres, Inc.
Suite, Apt. #, etc.
Two Datan Center, Suite 1528
City & State
9130 S. Dadeland Blvd. Miami, FL
Zip
33156
Country
USA

4. FEI Number **39-1941823**

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**CENTRES GULF COAST 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 _____
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

DOCUMENT # **P98000081681**
NAME **CENTRES GULF COAST GP, INC.**
STREET ADDRESS **3315 NORTH 124TH STREET, SUITE E**
CITY - ST - ZIP **BROOKFIELD WI 53005**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
100003264901--3
-05/24/00--01044--015
*****141.25 ***141.25**

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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 Gulf Coast GP, Inc.**

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

Michelle M. Denaris, Vice President

3/3/00 **262/781-8760**
Date Daytime Phone #

CR2E003 (9/99)