

2001 UNIFORM BUSINESS REPORT (UBR)

0006881 AF

DOCUMENT # **A98000002231**

1. Entity Name

WESTON MEDICAL AND PROFESSIONAL PARK, LTD.

FILED

01 APR 27 AM 11:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2573 MAYFAIR LANE
WESTON FL 33327**

Mailing Address

**2573 MAYFAIR LANE
WESTON FL 33327**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870031

Applied For

Not Applicable

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

**CORREA, ALVARO
2573 MAYFAIR LANE
WESTON FL 33327**

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$390,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

390,000.00

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 # **P98000071168**
NAME **WESTON MEDICAL OFFICE PARK, INC.**
STREET ADDRESS **2573 MAYFAIR LANE**
CITY-ST-ZIP **WESTON FL 33327**

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/27/01 (954) 668-8877

CR2E003 (11/00)