

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002517**

1. Entity Name

MARVIN CENTRES LIMITED PARTNERSHIP

Principal Place of Business

**TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIMAI FL 33156**

Mailing Address

**C/O CENTRES, INC.
3315 NORTH 124TH STREET, SUITE E
BROOKFIELD WI 53005**

2. Principal Place of Business

3. Mailing Address

C/O Centres Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9130 S. Dadeland Blvd, St. 1528

City & State

City & State

Miami, FL

Zip

Country

Zip

33156

Country

USA

4. FEI Number

39-1947214

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

**MARVIN CENTRES GP, INC.
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIMAI FL 33156**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000093958**
NAME **MARVIN CENTRES GP, INC.**
STREET ADDRESS **3315 NORTH 124TH STREET, SUITE E**
CITY-ST-ZIP **BROOKFIELD WI 53005**

STREET ADDRESS **9130 S. Dadeland Blvd, Suite 1528**
CITY-ST-ZIP **Miami, FL 33156**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **700003417417-0**
CITY-ST-ZIP **10/06/00 01110 004
****141.25 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **AIR 141.25**
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

9/11/00

305-670-1997

FILED

00 OCT -5 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

C E N T R E S I N C



Direct Dial: (305) 671-1124

September 29, 2000

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399
Attention: Diane Cushing

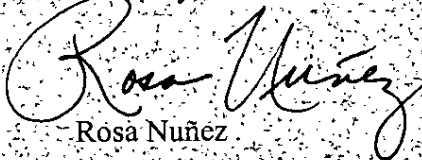
Re: Marvin Centres Limited Partnership

Dear Ms. Cushing:

Per our conversation of this morning, attached is the 2000 uniform business report for Marvin Centres Limited Partnership. Please be advised that we did not receive the first notice your office sent.

Thank you for your assistance. Please contact me if you have any questions.

Sincerely,


Rosa Nuñez

Enclosure