

2000 UNIFORM BUSINESS REPORT (UBR)

000572 A

DOCUMENT # **A98000002745**

1. Entity Name
POINCIANA/GREENWALD II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 12 PM 1:25

Principal Place of Business
8065 S.W. 107TH AVE., #323
MIAMI FL 33173

Mailing Address
8065 S.W. 107TH AVE., #323
MIAMI FL 33173-4882



DO NOT WRITE IN THIS SPACE

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

APPLIED FOR

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

BROWN, GARY L ESQ.
% BEDZOW, KORN, BROWN, LIPTON & MILLER, PA
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

Name
~~Poinciana/Greenwald II, Ltd.~~
Street Address (P.O. Box Number is Not Acceptable)
~~8065 S.W. 107TH AVE. #323~~
City Miami FL Zip Code 33173

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

\$1,000.00

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 # **P97000078139**
NAME **POINCIANA DEVELOPMENT COMPANY II**
STREET ADDRESS **8065 S.W. 107TH AVE., #323**
CITY - ST - ZIP **MIAMI FL 33173**

STREET ADDRESS
8000003328798--0
CITY - ST - ZIP
-07/19/00--01121--012
*******52.50 *****52.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
8000003328798--0
CITY - ST - ZIP
-07/19/00--01121--013
*******88.75 *****88.75**

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

1/31/00

Date

Daytime Phone #