

2002 UNIFORM BUSINESS REPORT (UBR)

0008880
AT

DOCUMENT # **A98000002882**

1. Entity Name

PEMBROKE COMMERCE CENTER, LTD.

FILED

2002 APR 29 PM 2:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

**1812 S.W. 31 AVENUE
PEMBROKE PARK FL 33009**

Mailing Address

**1812 S.W. 31 AVENUE
PEMBROKE PARK FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0914226

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COBER CORPORATE AGENTS, INC.
2601 S. BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133**

Name

Angela Kelsey

Street Address (P.O. Box Number is Not Acceptable)

1812 SW 31st Ave

City

Pembroke Park

FL

Zip Code
33009

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

Angela Kelsey **Angela Kelsey**

4/15/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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 # **P98000106135**
NAME **PEMBROKE COMMERCE CENTER, INC.**
STREET ADDRESS **1812 S.W. 31 AVENUE**
CITY-ST-ZIP **PEMBROKE PARK FL 33009**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

Charles M. Kelsey Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles M Kelsey Jr **4/15/02** **954 981 8073**

Date

Daytime Phone #

CR2E003 (9/01)