

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000331**

1. Entity Name  
**2940 LOUISE STREET ASSOC. LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business Mailing Address  
**2814 COCONUT AVENUE 2814 COCONUT AVENUE**  
**COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-3725**



2. Principal Place of Business 3. Mailing Address  
**2761 West Trade Ave 2761 West Trade Ave**

City & State City & State  
**COCONUT GROVE, FL. COCONUT GROVE, FL**

Zip Country Zip Country  
**33133 U.S.A. 33133 U.S.A.**

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LUIS, MICHAEL A**  
**2814 COCONUT AVENUE**  
**COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2761 West Trade Ave**  
City **COCONUT GROVE** FL Zip Code **33133**

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 **Michael A. Luis** DATE **4-28-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$100.00** 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 #	<b>S79593</b>
NAME	<b>LUIS DEVELOPMENT &amp; CONSTRUCTION, INC.</b>
STREET ADDRESS	<b>2814 COCONUT AVENUE</b>
CITY - ST - ZIP	<b>COCONUT GROVE FL 33133</b>
DOCUMENT #	<b>P9700040137</b>
NAME	<b>ALLIED CONCRETE RESTORATION, INC.</b>
STREET ADDRESS	<b>13301 S.W. 124TH STREET</b>
CITY - ST - ZIP	<b>MIAMI FL 33186</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>2761 West Trade Ave.</b>
CITY - ST - ZIP	<b>COCONUT GROVE, FL 33133</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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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 REQUIRED** DATE **4-28-00** (305) 446-1929  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Y 11-11-01

CF 1103 (0011)