

# 2000 UNIFORM BUSINESS REPORT (UBR)

090500

DOCUMENT # A99000000582

1. Entity Name

DUBLIN UNITED, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -7 AM 10: 02

Principal Place of Business

222 LAKEVIEW AVE  
SUITE 800  
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE  
SUITE 800  
WEST PALM BEACH FL 33401

2. Principal Place of Business

7777 Glades Road  
Suite, Apt. #, etc.  
201

3. Mailing Address

7777 Glades Road  
Suite, Apt. #, etc.  
201

City & State

Boca Raton, Fla.  
Zip Country  
33434 USA

City & State

Boca Raton FLA.  
Zip Country  
33434 USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSEN, MARVIN  
222 LAKEVIEW AVE  
SUITE 800  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Melissa Crowe

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

7777 Glades Road  
Suite 201

City

Boca Raton

FL

Zip Code

33434

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.

\$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 # P99000032425  
NAME CELL GENERAL, INC.  
STREET ADDRESS 222 LAKEVIEW AVE SUITE 800  
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)