

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000720

1. Entity Name

5200 BUILDING, LTD.

FILED

00 JAN 19 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5200 S.W. 8TH STREET  
CORAL GABLES FL 33134

Mailing Address

5975 SUNSET DRIVE, SUITE 802  
SOUTH MIAMI FL 33143-5174

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

65-0917733

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

FRIEND, RICHARD A ESQ.  
5975 SUNSET DRIVE, SUITE 802  
SOUTH MIAMI FL 33143

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.

\$1,516,910.00

10. Amount of Capital Contributions  
in FLORIDA to date

\$1,516,910.00

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 # P99000040325  
NAME 5200 BUILDING, INC.  
STREET ADDRESS 5200 S.W. 8TH STREET  
CITY - ST - ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

800003105858--1  
01/21/00--01023--011  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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

5200 BUILDING, INC.

SIGNATURE: Ben. P. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RICHARD A. FRIEND

1-6-99

Date

Daytime Phone #

305-667-5777