

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000868**

1. Entity Name

CENTRES GULFPORT LIMITED PARTNERSHIP

Principal Place of Business

**TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156**

Mailing Address

**C/O CENTRES, INC., TWO DATRAN CENTER #1528
3315 NORTH 124TH STREET, SUITE E
MIAMI FL 33156**

FILED

01 AUG 20 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Two Datan Center, Ste. 1528

Suite, Apt. #, etc.

9130 S. Dadeland Blvd.

City & State

Miami, Florida

**Zip
33156**

Country

USA

DUE BY SEPTEMBER 26, 2001

4. FEI Number

39-1963917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CENTRES GULFPORT GP, INC.
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156**

7. Name and Address of New Registered Agent

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

\$5,000.00

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

DOCUMENT # **P99000047441**
NAME **CENTRES GULFPORT GP, INC.**
STREET ADDRESS **9130 SOUTH DADELAND BLVD., SUITE 1528**
CITY-ST-ZIP **MIAMI FL 33156**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

600004557036--7

CITY-ST-ZIP

-08/27/01--01024--011

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DOCUMENT #

NAME

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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

8/9/01

305-670-1997

Date

Daytime Phone #

CR2E003 (5/01)

00035500

SP

1082

STAPLE CHECK HERE