

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000941**

1. Entity Name

TFP, LTD.

FILED

00 JAN 21 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

Name

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

City

FL

Zip Code

~~KLEIN, PETER W~~

2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133

Maria C. Callejas

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

Maria C Callejas

1/6/00

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000.00

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 # **P95000024470**
NAME **TRIVEST II, INC.**
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 800**
CITY - ST - ZIP **MIAMI FL 33133**

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #
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CITY - ST - ZIP

STREET ADDRESS

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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

B. Jay Anderson

REQUIRED Jay Anderson, Director

1/7/00

305.858.2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #