

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001034**

1. Entity Name

2103 CORAL WAY ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -7 PM 1:33

Principal Place of Business

ONE S.E. 3RD AVENUE, 28TH FLOOR
MIAMI FL 33131

Mailing Address

269 GIRALDA AVENUE, STE 303
CORAL GABLES FL 33134-5002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2103 CORAL WAY
Suite, Apt. #, etc.
201

3. Mailing Address

2103 Coral Way
Suite, Apt. #, etc.
201

City & State
MIAMI FL

City & State
Miami, FL

4. FEI Number

65-0929074

Applied For

Not Applicable

Zip
33145

Country
USA

Zip
33145

Country
US

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE, 28TH FLOOR
MIAMI FL 33131

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 as Shown on record.

\$245,000.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
DIVERSIFIED INVESTMENT ASSOCIATES, L.L.C.
269 GIRALDA AVENUE, STE 303
CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
2103 Coral Way Suite 201
Miami FL 33145

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

700003299217--7

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

******535.00 ****535.00**

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 28/2000

Date

(305) 858-6233

Daytime Phone #