

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001079

1. Entity Name

EXECUTIVE INTERNATIONAL PLAZA, LTD.

Principal Place of Business

2573 MAYFAIR LANE
WESTON FL 33327

Mailing Address

2573 MAYFAIR LANE
WESTON FL 33327-1506

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

05-0951937

Applied For

Not Applicable

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

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134

Name

ALVARO CORREA

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

2573 MAYFAIR LANE

City

WESTON

FL

Zip Code

33327

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.

ALVARO CORREA

(NOTE: Registered Agent signature required when reinstating)

DATE

04-27-00

9. Capital Contributions
as Shown on record.

\$99,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$99,000

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 # P99000019324
NAME ALCOR GROUP, INC.
STREET ADDRESS 2573 MAYFAIR LANE
CITY - ST - ZIP WESTON FL 33327

STREET ADDRESS

CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

CORREA

04-27-00

(954) 295-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2EC03 (9/01/01)