

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001127

1. Entity Name

CMT TEXAS AVENUE, LTD.

Principal Place of Business

1552 BOREN DRIVE, SUITE 100
ORLANDO FL 34761

Mailing Address

1552 BOREN DRIVE, SUITE 100
ORLANDO FL 34761-2987

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

59-3590321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MURPHY, ALAN S JR.
1552 BOREN DRIVE, SUITE 100
ORLANDO FL 34761

7. Name and Address of New Registered Agent

Name

Frank J Casserino

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

1552 Boren Dr #100

City

OCOE

FL

Zip Code

34761

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 *Frank J Casserino*

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-00

9. Capital Contributions
as Shown on record.

\$300.00

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 # P99000061837
NAME CMT TEXAS AVENUE, INC.
STREET ADDRESS 1552 BOREN DRIVE, SUITE 100
CITY - ST - ZIP ORLANDO FL 34761

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Frank J Casserino

2-18-00 407-777-7808

CR2E003 (9/99)