

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 16, 2001 08:00 AM

Secretary of State

DOCUMENT # A99000001369

1. Entity Name  
SHERIDAN 400, LTD.

Principal Place of Business  
701 WATERFORD WAY, STE. 110  
MIAMI FL 33126

Mailing Address  
701 WATERFORD WAY, STE. 110  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0973262

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CACICEDO RAMON RJR.,ESQ  
701 WATERFORD WAY, STE. 110  
MIAMI FL 33126

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 **RAMON R CACICEDO, JR**

01/16/2001

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. 600,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 600,000.00

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 #  
NAME SHERIDAN 400, INC.  
STREET ADDRESS 701 WATERFORD WAY, STE. 110  
CITY-ST-ZIP MIAMI FL 33126

STREET ADDRESS  
CITY-ST-ZIP

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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: **JOSE A GONZALEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MR 01/16/2001

Date

Daytime Phone #

CR2E003 (11/00)