

2001 UNIFORM BUSINESS REPORT (UBR)

0003014 AF

DOCUMENT # **A99000001436**

1. Entity Name

DORAL RETAIL CENTER, LTD.

Principal Place of Business

**5802 TYLER STREET
HOLLYWOOD FL 33021**

Mailing Address

**5802 TYLER STREET
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**LASRY, JOHN
5802 TYLER STREET
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Bambi Sims

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

17024 NE 27th Ave

City

AUCUNA

FL

Zip Code

33170

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

Bambi Sims

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/01

9. Capital Contributions as Shown on record.

\$1,200,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000059399**
NAME **DORAL RETAIL CENTER, INC.**
STREET ADDRESS **5804 TYLER STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

STREET ADDRESS

CITY-ST-ZIP

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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:

Bambi Sims
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/01

Date

305-935-5542

Daytime Phone #

FILED

01 MAR 21 PM 12:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **05-1092133**
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required,

CR2E003 (11/00)