

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001436**

1. Entity Name

DORAL RETAIL CENTER, LTD.

APPROVED
AND
FILED

02 APR -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~5802 TYLER STREET
HOLLYWOOD FL 33021~~

~~5802 TYLER STREET
HOLLYWOOD FL 33021~~

2. Principal Place of Business

3. Mailing Address

**1666 Kennedy Causeway
Suite, Apt. #, etc.
610**

**1666 Kennedy Causeway
Suite, Apt. #, etc.
Suite # 610**

DUE BY MAY 1, 2002

City & State

City & State

North Bay Village, FL

North Bay Village, FL

4. FEI Number

65-1042133

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

SIMS, BAMBI

Name

~~19024 N.E. 29TH AVE.
AVENTURA FL 33180~~

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

1666 Kennedy Causeway # 610

City

North Bay Village

FL

Zip Code

33141

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

3/15/02

DATE

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

1666 Kennedy Causeway # 610

CITY-ST-ZIP

North Bay Village, FL 33141

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100005204971-4

-04/08/02--01049--015

*****526.25 ***526.25**

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:

Bambi Sims
Bambi Sims

3/15/02

Date

305-868-5881

Daytime Phone #

0000885
AV

CR2E003 (9/01)

STAPLE CHECK