

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001632**

1. Entity Name

CENTRES VILLA LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

**9130 SOUTH DADELAND BLVD
MIAMI FL 33156**

Mailing Address

**9130 SOUTH DADELAND BLVD
MIAMI FL 33156-7818**

2. Principal Place of Business

100 Congress Ave.

Suite, Apt. #, etc.

Suite 740

City & State

Austin, Texas

3. Mailing Address

P. O. Box 684807

Suite, Apt. #, etc.

City & State

Austin, Texas

4. FEI Number

39-1975613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CENTRES VILLA GP INC

9130 SOUTH DADELAND BLVD

MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$5,000.00

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

DOCUMENT # **P99000087642**
NAME **CENTRES VILLA GP INC**
STREET ADDRESS **3315 NORTH 124TH STREET, STE E**
CITY - ST - ZIP **BROOKFIELD WI**

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

100 Congress Ave., Suite 740

CITY - ST - ZIP

Austin, Texas 78701

STREET ADDRESS

CITY - ST - ZIP

400003229064--1

04/28/00-01073-018

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTN.

Date

Daytime Phone #

0065317 AF

CR2E003 (9/99)