

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001645  
Entity Name  
SRA/MIAMI OFFICE ONE, LTD.

Principal Place of Business  
C/O WHITE & CASE LLP  
200 SOUTH BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131

Mailing Address  
C/O SAVITAR, INC.  
5345 PINE TREE DRIVE  
MIAMI BEACH FL 33140-2143

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0956042

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GRAGG, K. LAWRENCE  
C/O WHITE & CASE LLP  
200 SOUTH BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name  
Clifford U. Stein, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
5345 Pine Tree Dr  
City  
Miami Beach FL 33140

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 date if applicable. (NOTE: Registered Agent signature required when reinstating)

1/2/00

Capital Contributions as Shown on record. \$300,000.00

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.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P99000088738	NAME SRA/MIAMI OFFICE ONE, INC.	STREET ADDRESS	
STREET ADDRESS 5345 PINE TREE DRIVE		CITY - ST - ZIP	
TY - ST - ZIP MIAMI BEACH FL 33140			
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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 REQUIRED

1/2/00

Signature and typed or printed name of signing general partner

Date Daytime Phone #

CR2E003 (9/99)