

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A99000001645**

1. Entity Name
SRA/MIAMI OFFICE ONE, LTD.

FILED

2002 APR 29 PM 5:45

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **65-0956042** Applied For Not Applicable

Zip Country Zip Country

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

**STEIN, CLIFFORD M ESQ
5345 PINE TREE DR
MIAMI BEACH FL 33140**

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

DATE

9. 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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------|-----------------------------------|-----------------------------|-----------------------------|
| P99000088738 | SRA/MIAMI OFFICE ONE, INC. | 5345 PINE TREE DRIVE | MIAMI BEACH FL 33140 |
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Signature] **3008101316** **4/24/02**
Date Daytime Phone #

CR2E003 (9/01)