

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002025**

1. Entity Name

MISSION PLAZA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O MARVIN S. ROSEN, ESQ.
222 LAKEVIEW AVENUE
WEST PALM BEACH FL 33401

Mailing Address

5775 PEACHTREE DUNWOODY ROAD
SUITE 175, BUILDING D
ATLANTA GA 30342

2. Principal Place of Business

5775 Peachtree Dunwoody Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

58-2508943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NARAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 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.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,850,000

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 # **L99000008473**
NAME **GG&A/MISSION LLC**
STREET ADDRESS **5775 PEACHTREE DUNWOODY RD, #175, BLDG. D**
CITY-ST-ZIP **ATLANTA GA 30342**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200003349452-5
-08/08/00--01059--024
*****923.25 ***923.25**

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/10/00

Date

Daytime Phone #

CR2E003 (5/00)