

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002070

1. Entity Name
DORAL FLEXXSPACE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 21 AM 3:05

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
1400 N.W. 107 Avenue 1400 N.W. 107 Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Miami FL Miami FL
Zip **Country** **Zip** **Country**
33172 Miami-Dade 33172 Miami-Dade

4. FEI Number **Applied For**
65-0965369 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Levy, Joel
1400 N.W. 107 Avenue
Miami, FL 33172

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.

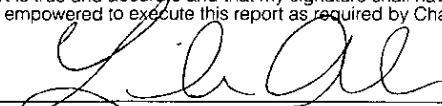
SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$2,335,000 **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 #	L99000008681	STREET ADDRESS	
NAME	Doral FlexSpace LLC	CITY-ST-ZIP	
STREET ADDRESS	1400 N.W. 107 Avenue		
CITY-ST-ZIP	Miami, FL 33172		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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:  **3/26/00** **(305) 392-4051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Linda K. Adler, Assistant Secretary of Adler Newco GP 2, Inc., Managing General Partner of

CR2E003 (9/99)