

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002184

1. Entity Name

PINELLAS FLEXXSPACE, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -6 PM 1:04

Principal Place of Business

Mailing Address

2. Principal Place of Business

1400 N.W. 107 Avenue  
Suite, Apt. #, etc.

3. Mailing Address

1400 N.W. 107 Avenue  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State

Miami, FL

Zip

33172

Country

Miami-Dade

City & State

Miami, FL

Zip

33172

Country

Miami-Dade

4. FEI Number

65-0968333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

Miami

FL

Zip Code

33172

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.

0

10. Amount of Capital Contributions  
in FLORIDA to date.

\$7,796,000.00

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 # L99000009096  
NAME Pinellas FlexSpace LLC  
STREET ADDRESS 1400 N.W. 107 Avenue  
CITY-ST-ZIP Miami, FL 33172

STREET ADDRESS  
CITY-ST-ZIP  
FF \$526.25  
000003280930--3  
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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:

Linda K. Adler, Assistant Secretary of Adler Newco GP 2, Inc., Managing General Partner of

3/26/00

(305) 392-4051

Date Daytime Phone #

CR2E003 (9/99)