

2000 UNIFORM BUSINESS REPORT (UBR)

0004281 AF

DOCUMENT # B97000000198

1. Entity Name

TRADEPORT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business

15 EAST NORTH STREET
DOVER DE 19903

Mailing Address

TWO ALHAMBRA PLAZA, PENTHOUSE II
CORAL GABLES FL 33134-5202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0750850

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

GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD., #34900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Henry Befeler

Street Address (P.O. Box Number is Not Acceptable)

Two Alhambra Plaza, PHII

City

Coral Gables,

FL

Zip Code
33134

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

4/17/00

9. Capital Contributions
as Shown on record.

\$1,200,000.00

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

DOCUMENT # F97000002215
NAME TRADEPORT, INC.
STREET ADDRESS TWO ALHAMBRA PLAZA, PENTHOUSE II
CITY - ST - ZIP CORAL GABLES FL 33134

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

900003245309--5

05/09/00-01111-010

****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Henry Befeler

Date

Daytime Phone #

4/17/00 (305) 520-2300

CR/E003 (9/99)