

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000548**

1. Entity Name
PORT EVERGLADES COMMERCE CENTER ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business
**300 HOLLYWOOD WAY
HOLLYWOOD FL 33021**

Mailing Address
**300 HOLLYWOOD WAY
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0782115**

Applied For

Not Applicable

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

**STOTZER, THEODORE R ESQ.
300 HOLLYWOOD WAY
HOLLYWOOD FL 33021**

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.

DATE

9. Capital Contributions as Shown on record. **\$13,701,839.59**

10. Amount of Capital Contributions in FLORIDA to date. **\$0.00**

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 # **F98000006830**
NAME **SREG PORT EVERGLADES COMMERCE CENTER, INC.**
STREET ADDRESS **300 HOLLYWOOD WAY**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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.

**PORT EVERGLADES COMMERCE CENTER ASSOCIATES LIMITED PARTNERSHIP
BY: SREG PORT EVERGLADES COMMERCE CENTER, INC., its general partner**

SIGNATURE By: **[Signature]**

REQUIRED

March 15, 2002 (954) 981-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ice President

Date

Daytime Phone #

FILED
02 MAY 29 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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