

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001870

1. Entity Name

MIAMI SPRINGS OFFICE PLAZA, LLC

Principal Place of Business

7225 N.W. 25TH STREET, SUITE 110  
MIAMI FL 33122

Mailing Address

7225 N.W. 25TH STREET, SUITE 110  
MIAMI FL 33122-1708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SIMON, GARY P  
9100 SO. DADELAND BLVD., SUITE 504  
MIAMI FL

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME GRONDIN, M.A.  
STREET ADDRESS 7225 N.W. 25TH STREET, SUITE 110  
CITY- ST- ZIP MIAMI FL 33122

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10. ADDITIONS / CHANGES

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CITY- ST- ZIP

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* GRONDIN MGR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/28/00

Date

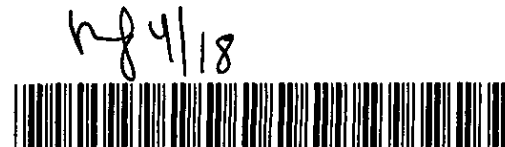
305-592-7090

Daytime Phone #

APPROVED  
AND  
FILED

00 APR -3 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0866447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

0002816 AF

CR2E083 (9/99)