

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003036 AF

DOCUMENT # L99000002960

1. Entity Name
PALM BEACH PARK OF COMMERCE, LLC

Principal Place of Business
1717 NORTH BAYSHORE DRIVE, SUITE 114
MIAMI FL 33132

Mailing Address
1717 NORTH BAYSHORE DRIVE, SUITE 114
MIAMI FL 33132-1196

2. Principal Place of Business
1717 North Bayshore
Suite, Apt. #, etc.
Suite 208

3. Mailing Address
1717 North Bayshore
Suite, Apt. #, etc.
Suite 208

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33132

Country
USA

Zip
33132

Country
USA



DO NOT WRITE IN THIS SPACE

MMN

4. FEI Number
65-0932292

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
S & K PROPERTY MANAGEMENT, INC.
1717 NORTH BAYSHORE DR., SUITE 114
MIAMI FL 33132

7. Name and Address of New Registered Agent
Name
S & K Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1717 North Bayshore Drive, Suite 208
Miami, Florida 33132
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 *Lidia Cartaya* 4/27/00 Lidia Cartaya, Vice President
(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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM U.S.A. FUND MIAMI CORPORATION 2300 CORAL WAY, SUITE 200 MIAMI FL 33145	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM U.S.A. FUND MIAMI CORPORATION 1717 North Bayshore Dr., Suite 208 Miami, FL 33132	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	800003251219- - 7 -05/12/00--01121--012 *****5.00 *****5.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	800003251219- - 7 -05/12/00--01121--013 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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: *Lidia Cartaya* 4/27/00 305-577-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CP2E083 (9/99)