

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007988

1. Entity Name

BUFFALO CENTER I, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 11:02

Principal Place of Business Mailing Address
701 W. MARTIN LUTHER KING JR. BLVD SUITE 4 701 W. MARTIN LUTHER KING JR. BLVD SUITE 4
TAMPA FL 33603 TAMPA FL 33603

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2762338

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIWADKAR, VIJAY M.D.

701 W. MARTIN LUTHER KING JR. BLVD SUITE 4

TAMPA FL 33603

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/MANAGERS

TITLE NAME CRUZ, CEASER, MD MGRM
STREET ADDRESS 701 W. M. L. King Blvd #6
CITY-ST-ZIP TAMPA, FL 33603 ☐ Delete

TITLE NAME DIWADKAR VIJAY, MD MGRM
STREET ADDRESS 701 W. M. L. King Blvd #3
CITY-ST-ZIP TAMPA, FL 33603 ☐ Delete

TITLE NAME DAVE, N. B. M.D. MGRM
STREET ADDRESS 701 W. M. L. King Blvd #4
CITY-ST-ZIP TAMPA, FL 33603 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003436850--6
CITY-ST-ZIP -10/24/00--01061--009
*****60.00 *****60.00 ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

9/22/00

Date

Daytime Phone #

CR2E083 (5/00)