

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001179**

1. Entity Name
2918 CENTER STREET ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06 *mf*

Principal Place of Business
**2814 COCONUT AVENUE
COCONUT GROVE FL 33133**

Mailing Address
**2814 COCONUT AVENUE
COCONUT GROVE FL 33133-3725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2761 West Trade Ave

3. Mailing Address
2761 West Trade Ave.

Suite, Apt. #, etc.

City & State
COCONUT GROVE, FL.

City & State
COCONUT GROVE, FL.

4. FEI Number Applied For
 Not Applicable

Zip
33133

Country
U.S.A.

Zip
33133

Country
U.S.A.

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

**LUIS, MICHAEL A
2814 COCONUT AVENUE
COCONUT GROVE FL 33133**

Name
Michael A. Luis

Street Address (P.O. Box Number is Not Acceptable)
2761 West Trade Ave

City
COCONUT GROVE

State
FL

Zip Code
33133

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]* **Michael A. Luis** **4-28-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$100.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **S79593**
NAME **LUIS DEVELOPMENT & CONSTRUCTION, INC.**
STREET ADDRESS **2814 COCONUT AVENUE**
CITY - ST - ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS **2761 West Trade Ave**
CITY - ST - ZIP **COCONUT GROVE, FL 33133**

DOCUMENT # **P97000040137**
NAME **ALLIED CONCRETE RESTORATION, INC.**
STREET ADDRESS **13321 S.W. 124TH COURT**
CITY - ST - ZIP **MIAMI FL 33186**

STREET ADDRESS
CITY - ST - ZIP **700003277327--0**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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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** **4-28-00** **(305) 446-1929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #