

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000331**

1. Entity Name
2940 LOUISE STREET ASSOC. LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business Mailing Address
2814 COCONUT AVENUE 2814 COCONUT AVENUE
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-3725



2. Principal Place of Business 3. Mailing Address
2761 West Trade Ave 2761 West Trade Ave

City & State City & State
COCONUT GROVE, FL. COCONUT GROVE, FL

Zip Country Zip Country
33133 U.S.A. 33133 U.S.A.

4. FEI Number 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

LUIS, MICHAEL A
2814 COCONUT AVENUE
COCONUT GROVE FL 33133

Name
Street Address (P.O. Box Number is Not Acceptable)
2761 West Trade Ave
City **COCONUT GROVE 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 **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 # NAME STREET ADDRESS CITY - ST - ZIP	S79593 LUIS DEVELOPMENT & CONSTRUCTION, INC. 2814 COCONUT AVENUE COCONUT GROVE FL 33133	STREET ADDRESS CITY - ST - ZIP	2761 West Trade Ave. COCONUT GROVE, FL 33133
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P9700040137 ALLIED CONCRETE RESTORATION, INC. 13301 S.W. 124TH STREET MIAMI FL 33186	STREET ADDRESS CITY - ST - ZIP	
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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 #