

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001762**

1. Entity Name

**PALMETTO/GLADES RETAIL PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5881 N.W. 151ST STREET, SUITE 101 MIAMI LAKES FL 33014</b>	Mailing Address <b>5881 N.W. 151ST STREET, SUITE 101 MIAMI LAKES FL 33014-2455</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0862048**      Applied For  
Not Applicable

Zip      Country      Zip      Country      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

**SALVER, PAUL  
5881 N.W. 151ST STREET, SUITE 101  
MIAMI LAKES FL 33014**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$500,000.00**      10. Amount of Capital Contributions in FLORIDA to date. **500,000.00**      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	<b>P98000064973 GLADES REAL ESTATE GROUP, INC. 5881 N.W. 151ST STREET, SUITE 101 MIAMI LAKES FL 33014</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>300003290323--6 06/15/00 01011 022 ****526.25 ****526.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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**      4-6-00      Date      Daytime Phone #

CF ETC. (1/99)