

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002831 AF

**DOCUMENT # A98000001762**

1. Entity Name  
**PALMETTO/GLADES RETAIL PARTNERS, LTD.**

**FILED**

01 MAY -2 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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</b>
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2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0862048**      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

**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 \_\_\_\_\_ (NOT: 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. \_\_\_\_\_      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 # **P98000064973**  
NAME **GLADES REAL ESTATE GROUP, INC.**  
STREET ADDRESS **5881 N.W. 151ST STREET, SUITE 101**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP **700004301817--8**  
**-05/23/01--01040--008**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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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]* **SIGNATURE REQUIRED** *GLADES REAL ESTATE GROUP, INC.* **4/9/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)