

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17405**

1. Entity Name

**SIGNATURE GARDENS LTD.**

Principal Place of Business

**12725 S.W. 122ND AVENUE  
MIAMI FL 33186**

Mailing Address

**12725 S.W. 122ND AVENUE  
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

**6900 STATE ROAD 84**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DAVIE, FLORIDA**

Zip

Country

Zip

**33317**

Country

4. FEI Number

**59-2480157**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

**BERLIN, JEROME C.  
12725 SW 122ND AVENUE  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$3,200,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**3,200,000.**

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

DOCUMENT # **G10998**  
NAME **DEUX MICHEL, INC.**  
STREET ADDRESS **12725 S.W. 122ND AVENUE**  
CITY-ST-ZIP **MIAMI FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

**SKYLINE PARTNERS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED  
AND  
FILED

02 APR 18 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E003 (9/01)