

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004213 AV

DOCUMENT # **A30248**

1. Entity Name  
**FEDERAL PLAZA ASSOCIATES, LTD.**



FILED

03 JAN 30 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**6700 NW BROKEN SOUND PARKWAY  
SUITE 201  
BOCA RATON FL 33487**

Mailing Address  
**6700 NW BROKEN SOUND PARKWAY  
SUITE 201  
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0201438**

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

**FAUST, MARC L  
2699 S. BAYSHORE DR.  
7TH FLOOR  
MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

**100011395821**

City

**01/30/03--01041--002 FL \*\*146 Cds**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 # **P00000033876**  
NAME **FEDERAL PLAZA ASSOCIATES CORP**  
STREET ADDRESS **6700 NW BROKEN SOUND PARKWAY, STE. 201**  
CITY-ST-ZIP **BOCA RATON FL 33487**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)