

2001 UNIFORM BUSINESS REPORT (UBR)

000791 AF

DOCUMENT # **A96000000644**

1. Entity Name

1850 ASSOCIATES, LTD.

FILED

01 JAN 16 PM 10:00

Principal Place of Business

111 BOCA RATON RD.
BOCA RATON FL 33432

Mailing Address

111 BOCA RATON RD.
BOCA RATON FL 33432

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

140 N. Federal Highway

3. Mailing Address

140 N. Federal Highway

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

Suite # 200

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

65-0728470

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHROEDER, MICHAEL A ESQ.
SCHROEDER AND LARCHE, P.A.
1 BOCA PLACE, 2255 GLADES RD., #319 ATRIUM
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

140 N. Federal Hwy.
Suite 200
Boca Raton FL 33432

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$500.00

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

DOCUMENT # **P96000029074**
NAME **1850, INC.**
STREET ADDRESS **1 BOCA PLANCE, #311E/2255 GLADES ROAD**
CITY-ST-ZIP **BOCA RATON FL 33431**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

140 N. Federal Hwy. # 200
Boca Raton, FL 33432

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400003576834-6

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DOCUMENT #

NAME

STREET ADDRESS

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

392-8525

CR2E003 (11/00)