

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000371**

1. Entity Name

ALTON HOUSE, LTD.

FILED

00 JAN 10 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
407 LINCOLN ROAD, #704
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD, #704
MIAMI BEACH FL 33139-3008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0735657**

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

HOLLANDER, MARK
9360 SUNSET DRIVE, SUITE #287
MIAMI FL 33173

Name
MARY Hollander, CPA

Street Address (P.O. Box Number is Not Acceptable)
9700 S. Dixie Hwy.

Suite # 900

City **Miami** FL Zip Code **33156**

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. **\$60,000.00**

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 # **P96000097469**
NAME **ALTON HOUSE, INC.**
STREET ADDRESS **407 LINCOLN ROAD, SUITE 704**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **P97000013441**
NAME **KSP MANAGERS, INC.**
STREET ADDRESS **407 LINCOLN ROAD**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY - ST - ZIP

500003099575--2
-01/14/00--01093--007
*****508.75 ***508.75**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/6/00 (305) 532-6100
Date Daytime Phone #

CR05 003 (REV. 11/99)