

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001364 AT

**DOCUMENT # A97000001088**



**FILED**  
03 APR 30 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**1. Entity Name**  
VERO PALM ESTATES LTD.

**Principal Place of Business**  
8320 WEST SUNRISE BLVD., STE. 108  
PLANTATION FL 33322

**Mailing Address**  
8320 WEST SUNRISE BLVD., STE. 108  
PLANTATION FL 33322



**2. Principal Place of Business**

Suite, Apt. #, etc. **203**

City & State

Zip Country

**3. Mailing Address**

Suite, Apt. #, etc. **203**

City & State

Zip Country

**4. FEI Number** 65-0756492

Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DUE BY MAY 1, 2003**

**6. Name and Address of Current Registered Agent**

HOLSTEIN, GERALD K C.P.A.  
8320 WEST SUNRISE BLVD., STE. ~~108~~ **203**  
PLANTATION FL 33322

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

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$1,350,000.00**

**10. Amount of Capital Contributions** in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**  
SEE REVENUE SECTION 500.05 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOLDEN, JOHN	8320 WEST SUNRISE BLVD., STE. 108	PLANTATION FL 33322
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOLDEN, MARY ANN	8320 WEST SUNRISE BLVD., STE 108	PLANTATION FL 33322
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOLDEN, PETER W	8320 WEST SUNRISE BLVD., STE. 108	PLANTATION FL 33322
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOLDEN, JANET	8320 WEST SUNRISE BLVD., STE. 108	PLANTATION FL 33322
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOLDEN, DANIEL	8320 WEST SUNRISE BLVD., STE. 108	PLANTATION FL 33322
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOLDEN, DONNA	8320 WEST SUNRISE BLVD., STE. 108	PLANTATION FL 33322

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	04/30/03--01098--013 **526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<del>04/30/03--01098--013 **526.25</del>
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:** JOHN HOLDEN **SIGNATURE REQUIRED** JOHN HOLDEN **DATE** 1/10/03 **DAYTIME PHONE #** (954) 370-8220

CR2E003 (10/02)

SAMPLE CHECK HERE