

2001 UNIFORM BUSINESS REPORT (UBR)

0004609

AF

DOCUMENT # **A98000001311**

1. Entity Name

MARAL APARTMENTS, LTD.

FILED

Principal Place of Business

**5712 ALTON ROAD
MIAMI BEACH FL 33140**

Mailing Address

**5712 ALTON ROAD
MIAMI BEACH FL 33140**

01 MAY 17 AM 11:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

65-0827604

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BEFELER, GEORGE ESQ.

701 BRICKELL AVENUE, SUITE 2000

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

80 SW 8 ST

STE 3100

City

MIAMI

FL

Zip Code

33130

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

4/16/01

9. Capital Contributions
as Shown on record.

\$10,000.00

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

DOCUMENT # **P98000029825**
NAME **MARAL APARTMENTS, INC.**
STREET ADDRESS **5712 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200004418882--7

-06/13/01--01099--033

*******8.75 *****8.75**

STREET ADDRESS

CITY-ST-ZIP

200004418882--7

-06/13/01--01099--034

*******141.25 *****141.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/16/01

305

536 8856

CR2E003 (11/00)