

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000387

1. Entity Name

M.P.A. OF KEY WEST LIMITED PARTNERSHIP

Principal Place of Business

~~2330 N. ROOSEVELT BLVD.~~  
KEY WEST FL 33040

Mailing Address

~~2330 N. ROOSEVELT BLVD.~~  
KEY WEST FL 33040-3836

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5341 5TH AVE

3. Mailing Address

5341 5TH AVE

Suite, Apt. #, etc.

KEY WEST FLA.

Suite, Apt. #, etc.

KEY WEST FL

City & State

Zip  
33040

Country

MONROE

Zip

33040

Country

MONROE

4. FEI Number

65-0729968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S  
19 WEST FLAGLER ST.  
14TH FLOOR  
MIAMI FL 33130

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.

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.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,000,000.

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 #  
NAME  
STELLER, MURRAY  
STREET ADDRESS  
2330 N. ROOSEVELT BLVD.  
CITY - ST - ZIP  
KEY WEST FL 33040

DOCUMENT #  
NAME  
STELLER, PANAGIOTA  
STREET ADDRESS  
2330 N. ROOSEVELT BLVD.  
CITY - ST - ZIP  
KEY WEST FL 33040

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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, 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 #

1-12-2000 305-294-351