

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000253

1. Entity Name

2825 WINKLER LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -7 AM 10: 02

Principal Place of Business

751 PARK OF COMMERCE DR., STE. 128
BOCA RATON FL 33487

Mailing Address

751 PARK OF COMMERCE DR., STE. 128
BOCA RATON FL 33487-3623



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2036061

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Florida Lawdock, Inc
222 Lakeview Ave - 4th Fl
West Palm Beach, FL 33402

7. Name and Address of New Registered Agent

Name

Nancy B. Colman, Esq. Drier Baritz & Colman

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

150 East Palmetto Park Rd.

Ste 401

City

Boca Raton

FL

Zip Code

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

Nancy B. Colman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/14/00

DATE

9. Capital Contributions
as Shown on record.

\$99.00

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 # F97000002806
NAME 2825 CORP.
STREET ADDRESS 751 PARK OF COMMERCE DR., STE. 128
CITY-ST-ZIP BOCA RATON FL 33487

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500003391935--3

STREET ADDRESS

CITY-ST-ZIP

09/13/00-01080-002

****141.25 ****141.25

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

DOCUMENT #

NAME

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

426-w

Date

(91) 882-7770

Daytime Phone #

CR2E003 (9/99)