

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007789 AF

DOCUMENT # **A98000002599**

1. Entity Name

**140 ASSOCIATES, LTD.**

FILED

*Handwritten signature*

Principal Place of Business

**111 EAST BOCA RATON ROAD  
BOCA RATON FL 33432**

Mailing Address

**111 EAST BOCA RATON ROAD  
BOCA RATON FL 33432**

**01 JAN 16 PM 10:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**140 N. Federal Highway**

3. Mailing Address

**140 N. Federal Highway**

Suite, Apt. #, etc.

**Suite #200**

Suite, Apt. #, etc.

**Suite # 200**

DO NOT WRITE IN THIS SPACE

City & State

**Boca Raton, Florida**

City & State

**Boca Raton, Florida**

4. FEI Number

**65-0878223**

Applied For

Not Applicable

Zip

**33432**

Country

**USA**

Zip

**33432**

Country

**USA**

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

**TALBOTT, GREGORY K  
C/O TALBOTT REALTY, INC.  
111 EAST BOCA RATON ROAD  
BOCA RATON FL 33432**

Name

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

**140 N. Federal Hwy.**

**Suite 200**

**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

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.

**\$1,000.00**

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 # **P98000098124**  
NAME **140 ASSOCIATES, INC.**  
STREET ADDRESS **111 EAST BOCA RATON ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33432**

STREET ADDRESS **140 N. Federal Hwy., Ste. 200**  
CITY-ST-ZIP **Boca Raton, FL 33432**

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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

(561)

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1-11-01 392-8525**

CR2E003 (11/00)