

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A26937

1. Entity Name

1070 HIGH RIDGE ROAD LIMITED PARTNERSHIP

FILED

OT APR 20 PM 12:09

Principal Place of Business

% MORTON B. KAHN, GEN PARTNER
8 VIA LOS INCAS
PALM BEACH FL 33480

Mailing Address

% MORTON B. KAHN, GEN PARTNER
8 VIA LOS INCAS
PALM BEACH FL 33480

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number 65-0141291

Applied For ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

MORA, ABRAHAM M.
8 VIA LOS INCAS
PALM BEACH FL 33480

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. \$9,800.00

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. 157.35

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	KAHN, MORTON B.	STREET ADDRESS	
NAME	8 VIA LOS INCAS	CITY-ST-ZIP	
STREET ADDRESS	PALM BEACH FL		
CITY-ST-ZIP			
DOCUMENT #	KAHN, PHYLLIS C.	STREET ADDRESS	
NAME	8 VIA LOS INCAS	CITY-ST-ZIP	
STREET ADDRESS	PALM BEACH FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		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 4-10-01 **Daytime Phone #** 561-833-1277

CR2E003 (11/00)