

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001874**

1. Entity Name

RDP PARTNERS, LTD.

FILED

02 FEB 19 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O WILLOW LAKE ESTATES
285 N.E. 48TH STREET
POMPANO BEACH FL 33064**

Mailing Address
**C/O WILLOW LAKE ESTATES
285 N.E. 48TH STREET
POMPANO BEACH FL 33064**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number
65-1096760 APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**M & W AGENTS, INC.
2101 CORPORATE BLVD., STE 107
BOCA RATON FL 33431**

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.

DATE

9. Capital Contributions
as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. **\$4,056,381.00**

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 # **P00000090561**
NAME **RDP MANAGEMENT, INC.**
STREET ADDRESS **285 N.E. 48TH ST.**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Reba Danca,

(954)

SIGNATURE:

Pres. of Corporate GP 2/14/02 421-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0009403 AT