

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001979 AV

DOCUMENT # A01000001457



1. Entity Name
FLORIDA BOWERY INVESTORS GROUP LIMITED PARTNERSH
IP

FILED

03 MAR 24 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O AVRA JAIN
1000 NORTH VENETIAN DRIVE
MIAMI FL 33139

Mailing Address
C/O AVRA JAIN
1000 NORTH VENETIAN DRIVE
MIAMI FL 33139

2. Principal Place of Business

3211 Ponce de Leon Blvd.

3. Mailing Address

3211 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33145

Country

US

Zip

33145

Country

US

DUE BY MAY 1, 2003

4. FEI Number 13-4191526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAIN, AVRA
1000 NORTH VENETIAN DRIVE
MIAMI FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$750.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 JAIN, AVRA
STREET ADDRESS 1000 NORTH VENETIAN DRIVE
CITY-ST-ZIP MIAMI FL 33139

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200014449652
03/21/03--01054--009 **141.25

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

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

1/17/03

Date

Daytime Phone #

CR2E003 (10/02)