

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011390 AT

DOCUMENT # A00000000030

1. Entity Name

ROHO ULTIMATE, LTD. I

FILED

02 APR 16 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O ROSS REALTY  
3325 S. UNIVERSITY DR., #210  
DAVIE FL 33328

Mailing Address

C/O ROSS REALTY  
3325 S. UNIVERSITY DR., #210  
DAVIE FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0970305

Applied For

Not Applicable

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

ROSS REALTY INVESTMENTS, INC.

3325 SOUTH UNIVERSITY DRIVE, SECOND FLOOR

DAVIE FL 33328-2020

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.

\$1,520,000.00

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 # P94000006158  
NAME ORLAN ENTERPRISES, INC.  
STREET ADDRESS 10021 PINES ROAD, SUITE 106  
CITY-ST-ZIP PEMBROKE PINES FL 33024

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # A94000000645  
NAME ROHO DEVELOPMENT, LIMITED  
STREET ADDRESS 3109 STIRLING ROAD, SUITE 200  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Handwritten Signature]*  
3/28/02  
Date  
Daytime Phone #

CR2E003 (9/01)