

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000276

1. Entity Name

ST. PETE APARTMENTS, LTD.

FILED

02 MAR 20 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4340 WEST HILLSBOROUGH AVE., SUITE 212
TAMPA FL 33614

Mailing Address

4340 WEST HILLSBOROUGH AVE., SUITE 212
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3627965

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

54TH AVENUE CORPORATION

4340 WEST HILLSBOROUGH AVE., SUITE 212
TAMPA FL 33614

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.

\$99.00

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 # P00000015307
NAME 54TH AVENUE CORPORATION
STREET ADDRESS 4340 WEST HILLSBOROUGH AVE., SUITE 212
CITY-ST-ZIP TAMPA FL 33614

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/21/02 813-873-2622

Date

Daytime Phone #

CR2E003 (9/01)