

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000375

1. Entity Name

POLO APARTMENTS, LTD.

Principal Place of Business

Mailing Address

~~511 N.E. THIRD AVENUE, 2ND FLOOR
FT. LAUDERDALE FL 33031~~

~~511 N.E. THIRD AVENUE, 2ND FLOOR
FT. LAUDERDALE FL 33031~~

1623 Collins Ave #909 Miami Beach FL 33139

2. Principal Place of Business

3. Mailing Address

1623 Collins Ave
#909

1623 Collins Ave
#909

City & State
Miami Beach FL

City & State
Miami Beach FL

Zip
33139

Country
Dade

Zip
33139

Country
Dade

4. FEI Number
65-0986748

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

BENNETT, JOSH N ESQ.
~~511 N.E. THIRD AVENUE, 2ND FLOOR
FT. LAUDERDALE FL 33031~~
1623 Collins Ave
#909
Miami Beach FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$50,000.00

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 # L00000002369
NAME POLO INVESTMENTS, LC
STREET ADDRESS ~~511 N.E. THIRD AVENUE, 2ND FLOOR~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33031~~
same as above

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200004008782--5
-04/13/01--01093--012
****488.75 ****488.75

DOCUMENT #
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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: Virginia Dominguez March 25/2001 (305) 534-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

01 APR -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)