

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001102

1. Entity Name

SIENNA PARTNERS, LTD.

Principal Place of Business

12550 BISCAYNE BLVD., SUITE 215
NORTH MIAMI FL 33181

Mailing Address

12550 BISCAYNE BLVD., SUITE 215
NORTH MIAMI FL 33181

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

☒ 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

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 W. FLAGLER STREET
MIAMI FL 33130

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$999.90

10. Amount of Capital Contributions
in FLORIDA to date.

999.90

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 # P00000066728
NAME SIENNA PARTNERS CORP.
STREET ADDRESS 12550 BISCAYNE BLVD., SUITE 215
CITY-ST-ZIP NORTH MIAMI FL 33181

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # N93000003134
NAME MIAMI SUPPORTIVE HOUSING CORPORATION
STREET ADDRESS 600 BRICKELL AVE., SUITE 502
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

000003576300--2
01/26/01--01043--010
****150.00 ****150.00

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

1/18/01
Date

305 891-3331
Daytime Phone #

CR2E003 (11/00)