

2002 UNIFORM BUSINESS REPORT (UBR)

0009812 AT

DOCUMENT # A00000001673

1. Entity Name

HARBOUR PLACE DEVELOPMENT, LTD.

FILED

02 APR 29 PM 4:21

Principal Place of Business

C/O CRESCENT HEIGHTS
555 NE 15TH ST SECOND FLOOR
MIAMI FL 33132

Mailing Address

C/O CRESCENT HEIGHTS
555 NE 15TH ST SECOND FLOOR
MIAMI FL 33132

4/29 SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business

2930 Biscayne Blvd

3. Mailing Address

2930 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Miami FL

City & State
Miami FL

4. FEI Number
59-3679882

Applied For
Not Applicable

Zip
33137

Country

Zip
33137

Country

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

CHRISTENBURY, SHARON
C/O CRESCENT HEIGHTS
555 NE 15TH ST SECOND FLOOR
MIAMI FL 33132

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. \$1,901,350.79

10. Amount of Capital Contributions in FLORIDA to date. 1,356,000

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 # P00000102843
NAME HARBOUR PLACE INC
STREET ADDRESS 555 NE 15TH ST SECOND FLOOR
CITY-ST-ZIP MIAMI FL 33132

STREET ADDRESS 2930 Biscayne Blvd
CITY-ST-ZIP Miami FL 33137

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 100005577821--0
CITY-ST-ZIP -05/21/02--01075--004
****526.25 ****526.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joseph Zdon
Treasurer

Date

Daytime Phone #

3/20/02

305-374-5700

CR2E003 (9/01)

STAPLE CHECK HERE