

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009725
AT

DOCUMENT # **A00752**

1. Entity Name

PARK TOWERS ASSOCIATES, LLLP

02 APR -5 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**390 N.W. 2ND STREET
MIAMI FL 33128**

Mailing Address

**390 N.W. 2ND STREET
MIAMI FL 33128**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-1113387

Applied For

Not Applicable

Zip

Country

Zip

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

**FINE, MARTIN
58 SAMANA DR.
CORAL GABLES FL 33143**

Name
JONATHAN I. KISLAK

Street Address (P.O. Box Number is Not Acceptable)

7900 MIAMI LAKES DRIVE WEST

City
MIAMI LAKES,

FL

Zip Code
33016

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.

\$50.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**KISLAK, J. I.
7900 MIAMI LAKES DR.W.
MIAMI LAKES FL**

STREET ADDRESS

CITY-ST-ZIP

**900005235829--9
-04/10/02--01063--003**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FINE, MARTIN
58 SAMANA DR.
MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

******150.00 ****150.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**G00270900043
P.P.J. PARTNERSHIP
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL**

STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

x 3.2802 x (305) 789 770

Date

Daytime Phone #

CR2E003 (9/01)