

2002 UNIFORM BUSINESS REPORT (UBR)

0010026 AT

DOCUMENT # A01000000115

1. Entity Name

UNW, LTD.

FILED

02 JUN 24 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

2103 CORAL WAY, SUITE 201
MIAMI FL 33145

Mailing Address

2103 CORAL WAY, SUITE 201
MIAMI FL 33145

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

☒ 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

DAGO, RENE JR.

2103 CORAL WAY, SUITE 201
MIAMI FL 33145

Name

ARTHUR RAZON

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

2501 E. COMMERCIAL BLVD

City

FT LAUDERDALE

FL

Zip Code

33308

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.

\$4,000.00

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 # P99000018186
NAME REALTY EQUITY INVESTMENT TRANSACTIONS, INC
STREET ADDRESS 2103 CORAL WAY, SUITE 201
CITY-ST-ZIP MIAMI FL 33145

STREET ADDRESS 2222 PONCE DE LEON BLVD STE 302
CITY-ST-ZIP CORAL GABLES FL 33134

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 500006110335--9
07/01/02-01001-014

DOCUMENT #
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CITY-ST-ZIP ****150.00 ****150.00

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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E003 (9/01)