

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000123

1. Entity Name

OVERTOWN PARTNERSHIP LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 23 PM 12: 58

6/27/24



Principal Place of Business

12000 BISCAYNE BLVD., SUITE 803
MIAMI FL 33181

Mailing Address

12000 BISCAYNE BLVD., SUITE 803
MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

65-1073423

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

OVERTOWN STATION, INC.

12000 BISCAYNE BLVD., SUITE 803

MIAMI FL 33181

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.

\$1,000.00

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 # P00000086933
NAME OVERTOWN STATION, INC.
STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 803
CITY-ST-ZIP MIAMI FL 33181

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/02 305-892-6800

Date

Daytime Phone #

CR2E003 (9/01)



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 23 PM 12:58

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 2, 2002

OVERTOWN PARTNERSHIP LIMITED
12000 BISCAYNE BLVD., SUITE 803
MIAMI, FL 33181

SUBJECT: OVERTOWN PARTNERSHIP LIMITED
Ref. Number: A01000000123

We have received your document for OVERTOWN PARTNERSHIP LIMITED and check(s) totaling \$141.25. However, your check(s) and document are being returned for the following:

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the uniform business report/annual report or reinstatement application or attach a photocopy of the FEI number application to the document before we can complete your filing.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 402A00041806