

2002 UNIFORM BUSINESS REPORT (UBR)

000001 AV

DOCUMENT # A01000000367

1. Entity Name

1400 PARTNERS, LTD.

FILED

02 MAY -3 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1475 CENTREPARK BOULEVARD, SUITE 100
WEST PALM BEACH FL 33401

Mailing Address

1475 CENTREPARK BOULEVARD, SUITE 100
WEST PALM BEACH FL 33401

2. Principal Place of Business

521 E Morehead Street

Suite, Apt. #, etc.

SUITE 540

City & State

CHARLOTTE, NC

Zip

28202

Country

USA

3. Mailing Address

521 E Morehead STREET

Suite, Apt. #, etc.

SUITE 540

City & State

CHARLOTTE, NC

Zip

28202

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-1098306

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, LARRY B ESQ.
JONES, FOSTER, JOHNSTON & STUBBS, P.A.
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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.

\$500,000.00

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

DOCUMENT # F99000003225
NAME NAVARRO LOWREY, INC.
STREET ADDRESS 1475 CENTREPARK BOULEVARD, SUITE 100
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS 521 E Morehead STREET # 540
CITY-ST-ZIP CHARLOTTE, NC 28202

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: FRANK E. NAVARRO

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/02 (704)372-0475

Date Daytime Phone #

CR2E003 (9/01)