

# 2002 UNIFORM BUSINESS REPORT (UBR)

DATE: 01/25/02

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**

3. Mailing Address

**521 E Morehead STREET**

Suite, Apt. #, etc.

**SUITE 540**

Suite, Apt. #, etc.

**SUITE 540**

City & State

**CHARLOTTE, NC**

City & State

**CHARLOTTE, NC**

Zip

**28202**

Country

**USA**

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS	<b>521 E Morehead STREET # 540</b>
CITY-ST-ZIP	<b>CHARLOTTE, NC 28202</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400005449724--9</b>
CITY-ST-ZIP	<b>-05/03/02--01048--012</b>
STREET ADDRESS	<b>***726.25 ***526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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**

**4/25/02 (704)372-0475**

SIGNATURE AND TYPE OF SIGNING GENERAL PARTNER

Date Daytime Phone #