

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000596**

1. Entity Name

AH & IH ENTERPRISES, LTD.

APPROVED
AND
FILED

02 APR 22 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2655 N. OCEAN DRIVE, SUITE 300
SINGER ISLAND FL 33404**

Mailing Address

**2655 N. OCEAN DRIVE, SUITE 300
SINGER ISLAND FL 33404**



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

65-1102356

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

MAURER, JANI E ESQ

**500 NORTHEAST SPANISH RIVER BLVD., STE 27
BOCA RATON FL 33404**

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.

\$6,000,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$5,551,825

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 # **P01000039413**
NAME **AH & IH MANAGEMENT, INC.**
STREET ADDRESS **5280 NORTH OCEAN DRIVE, SUITE 50**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

STREET ADDRESS **2655 N. Ocean Dr Suite 300**
CITY-ST-ZIP **Singer Island FL 33404**

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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

Date

Daytime Phone #

Signature of AH & IH Management Inc **3/14/02** **561 845-0022**

CR2E003 (9/01)