

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0012349 AT

DOCUMENT # A01000001023

1. Entity Name

SAN MICHELE P.U.D., LTD.

02 APR 10 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O MICHAEL MORTON  
902 CLINT MOORE RD SUITE 124  
BOCA RATON FL 33487

Mailing Address

C/O MICHAEL MORTON  
902 CLINT MOORE RD SUITE 124  
BOCA RATON FL 33487



2. Principal Place of Business

15340-Jog Road  
Suite, Apt. #, etc.  
200

3. Mailing Address

15340-Jog Road  
Suite, Apt. #, etc.  
200

DUE BY MAY 1, 2002

City & State  
DeLray Beach, FL

City & State  
DeLray Beach, FL

4. FEI Number

04-362 1042

Applied For

Not Applicable

Zip  
33446

Country  
USA

Zip  
33446

Country  
USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORTON GROUP INC  
C/O MICHAEL MORTON  
902 CLINT MOORE RD SUITE 124  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

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

15340-Jog Road, Suite 200  
City DeLray Beach FL Zip Code 33446

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

DOCUMENT # P93000020897  
NAME MORTON GROUP INC  
STREET ADDRESS 902 CLINT MOORE RD SUITE 124  
CITY-ST-ZIP BOCA RATON FL 33487

13. ADDRESS CHANGES ONLY

STREET ADDRESS

15340-Jog Road, Suite 200  
CITY-ST-ZIP DeLray Beach FL 33446

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)