

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019636 MB

**DOCUMENT # A01000001089**



**FILED**

**03 APR -8 AM 11:16**

1. Entity Name  
**R.K. HALLANDALE LIMITED PARTNERSHIP**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**17100 COLLINS AVENUE  
MIAMI BEACH FL 33160**

Mailing Address  
**% R.K. ASSOCIATES, INC.  
PO BOX 111  
DEDHAM MA 02027-0111**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **04-3573512**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KATZ, RAANAN  
17100 COLLINS AVENUE, STE 225  
MIAMI BEACH FL 33160-2525**

Name

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

**300015479723  
04/08/03--01070--023 \*\*141.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

**\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P01000080251**  
NAME **R.K. HALLANDALE, INC.**  
STREET ADDRESS **17100 COLLINS AVENUE**  
CITY-ST-ZIP **MIAMI BEACH FL 33160**

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/2/03** **(781)320-0001**  
Date Daytime Phone #

CRE003 (10/02)

SIMPLE CHECK HERE