

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009064 AT

<b>DOCUMENT #</b> A01090
<b>1. Entity Name</b> SEA AIR TOWERS, LTD.

FILED

02 MAR -6 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MJM

<b>Principal Place of Business</b> 3725 S. OCEAN DRIVE. #718 HOLLYWOOD FL 33019	<b>Mailing Address</b> 3725 S. OCEAN DRIVE. #718 HOLLYWOOD FL 33019
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>
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<b>4. FEI Number</b> 59-1224490	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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MORSE, ROCHELLE F 3725 S. OCEAN DR. SUITE 718 HOLLYWOOD FL 33019
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Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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**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.**

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>DATE</b>
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<b>9. Capital Contributions</b> as Shown on record. <b>\$135,200.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	<b>13. ADDRESS CHANGES ONLY</b>
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<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	COWAN, IRVING 3725 SOUTH OCEAN DRIVE HOLLYWOOD FL	<b>STREET ADDRESS</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>STREET ADDRESS</b>	600005099486--6 -03/13/02--01031--042 *****535.00 *****535.00
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>STREET ADDRESS</b>	
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<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>STREET ADDRESS</b>	

**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**

<b>SIGNATURE:</b> 	<b>3/1/02</b>	<b>954-458-8998</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E003 (9/01)

STAPLE CHECK HERE