

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001575

1. Entity Name

WASO APTS., LTD.



FILED  
03 JUN -3 AN 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9200 South Dadeland Blvd

3. Mailing Address

c/o Robert Spielman  
9200 South Dadeland Blvd

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

DUE BY MAY 1

City & State

MIAMI, FL

City & State

Miami, FL

4. FEI Number

56-2305251

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Spielman

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

9200 South Dadeland Blvd  
Suite 500

City

Miami

FL

Zip Code

33156

**DO NOT WRITE  
IN THIS SPACE**

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

2/12/03

9. Capital Contributions

as Shown on record. \$1000

10. Amount of Capital Contributions

in FLORIDA to date. \$1000

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

WASO, Inc. c/o  
Robert Spielman  
9200 South Dadeland Blvd  
Suite 500, MIAMI, FL 33156

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700016969657  
04/24/03-01079-005 \*\*141.25

DOCUMENT #

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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 #

WASO, Inc.  
Robert Spielman  
2/12/03  
305-670-9700

CR2E003B (12/02)