

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

DOCUMENT # A02000001696

1. Entity Name

THE NATH INVESTMENTS LIMITED PARTNERSHIP



FILED

2003 APR 23 AM 9:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1205 GUAHA ISLE

Suite, Apt. #, etc.

3. Mailing Address

1205 GUAHA ISLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

FOOT LAUDERDALE FL

Zip

33315

Country

USA

City & State

FOOT LAUDERDALE FL

Zip

33315

Country

4. FEI Number

06-1668153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jeffrey S. Wachs, ESQ

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

1177 SE 3rd ave.

City

FT LAUDERDALE

FL

Zip Code

33316

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.

\$5000.00

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

DOCUMENT # PO20000131919
NAME CAPELLA INVESTMENTS, INC.
STREET ADDRESS 1205 GUAHA ISLE
CITY-ST-ZIP FT LAUDERDALE, FL 33315

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Kathy General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)