

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02269

1. Entity Name

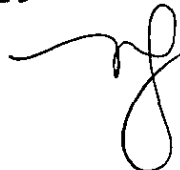
MANHATTAN PROPERTIES, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 1:29

Principal Place of Business **Mailing Address:**

4346 DUNBARTON AVE. P.O. BOX 13598
SUITE #3 P.O. BOX 13598
TAMPA, FL 33611 TAMPA, FL 33681-3598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1477716 ☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired- ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KESSLER, WALTER H.
4346 DUNBARTON AVE. #3
TAMPA, FL 33611

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$21,250.00 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	2413 BAYSHORE BLVD. #406	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33629		
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WITTCOFF, ROSLYN K.	CITY-ST-ZIP	
STREET ADDRESS	5700 MARINER DR. #702E		
CITY-ST-ZIP	TAMPA, FL 33609		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
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NAME		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: Walter H. Kessler **WALTER H. KESSLER** 5-15-00 (813) 839-5967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)