

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A06843**

1. Entity Name

SES GROUP - PINELLAS POINT APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

**9460 FONTAINEBLEAU BLVD.
LEASING OFFICE
MIAMI FL 33172**

Mailing Address

**P.O. BOX 56-1108
MIAMI FL 33256-1108**

2. Principal Place of Business

3. Mailing Address

PO Box 26-775

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston FL

4. FEI Number

59-1885404

Applied For

Not Applicable

Zip

Country

Zip

Country

33326

USA

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

SIMON, GARY

9100 S DADELAND BLVD.

MIAMI FL 33155

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.

\$680,000.00

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

CITY - ST - ZIP

**JONES, ROBERT C.
9460 FONTAINEBLEAU BLVD.
MIAMI FL 33172**

STREET ADDRESS

CITY - ST - ZIP

100003415821--1

10/05/00 01110 003

******526.25 ****526.25**

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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

Date

Daytime Phone #

CR2E003 (9/99)