

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A07224

1. Entity Name

CHATEAU NORMANDY, LTD.

FILED

00 JAN 21 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9150 S.W. 87TH AVENUE
SUITE 205
MIAMI FL 33176

Mailing Address

9150 S.W. 87TH AVENUE
SUITE 205
MIAMI FL 33176-2313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1885699

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SKORIC, PAUL U.
9150 SW 87TH AVENUE
SUITE 205
MIAMI FL 33176

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

01/17/00

9. Capital Contributions
as Shown on record.

\$355,000.00

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 # G93029000019
NAME MINDEN MANAGEMENT ASSOCIATES
STREET ADDRESS 9150 SW 87TH AVE #205
CITY - ST - ZIP MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

600003111856--9
-01/27/00--01002--012
*****526.25 *****526.25

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Stewart A. Greenstein

01/17/00 (305) 595-1518

Date

Daytime Phone #