

# 2000 UNIFORM BUSINESS REPORT (UBR)

0015214 A1

DOCUMENT # **A09935**

1. Entity Name

**WASHTEX ASSOCIATES LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:48

Principal Place of Business  
100 JERICO QUADRANGLE, #214  
C/O THE NEWKIRK GROUP  
JERICO NY 11753

Mailing Address  
100 JERICO QUADRANGLE, #214  
C/O THE NEWKIRK GROUP  
JERICO NY 11753-2702



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3055935**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$89,400.00**

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 #	M97000000633	STREET ADDRESS	500003136435--4	
NAME	CHADER ASSOCIATES LLC	CITY - ST - ZIP	-02/15/00--01118--003	
STREET ADDRESS	100 JERICO QUADRANGLE, #214		*****526.25 *****526.25	
CITY - ST - ZIP	JERICO NY 11753			
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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 689, Florida Statutes.

**SIGNATURE:** *By: Chader Associates LLC managing member*  
*RONANOWKEY RIMANAYED Corp., manager*  
*By: [Signature] Asst Secy*

Date **2/2/00** Daytime Phone # **516 681 3636**

CR2E003 (9/96)