

2002 UNIFORM BUSINESS REPORT (UBR)

0003203 AB

DOCUMENT # **A10579**

1. Entity Name

MOBILE HOME PARK ASSOCIATES, LIMITED PARTNERSHIP

FILED

02 SEP 27 AM 11:39

Principal Place of Business

2001 WILSHIRE BLVD., STE. 216
SANTA MONICA CA 90403

Mailing Address

2001 WILSHIRE BLVD., STE. 216
SANTA MONICA CA 90403

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

City & State

4. FEI Number **95-3562660**

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

SQUITERO, JOHN
2699 S. BAYSHORE DR.
SUITE 700A
MIAMI FL 33133

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. 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.

\$5,000.00

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 # **P33036**
NAME **RPMH, INC.**
STREET ADDRESS **2001 WILSHIRE BLVD #216**
CITY-ST-ZIP **SANTA MONICA CA 90403**

STREET ADDRESS

CITY-ST-ZIP

600008152786--7

-10/02/02-01032-011

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)