

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16247**

1. Entity Name

PAGE BROTHERS ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

**9300 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071**

Mailing Address

**9300 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2575601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PAGE, KENNETH E
1840 MONTE CARLO WAY
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

Kenneth E. Page

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

9300 W. Atlantic Blvd

City

coral springs

FL

Zip Code

33071

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.

DATE

9. Capital Contributions as Shown on record.

\$48,000.00

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

DOCUMENT #	
NAME	PAGE, JAMES L
STREET ADDRESS	5340 NE 32ND AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
DOCUMENT #	
NAME	PAGE, WILLIAM J
STREET ADDRESS	1297 BALANTREE FARM DR.
CITY-ST-ZIP	MCLEAN VA
DOCUMENT #	
NAME	PAGE, LAWRENCE J
STREET ADDRESS	1614 GENITO ROAD
CITY-ST-ZIP	CROZIER VA
DOCUMENT #	
NAME	PAGE, KENNETH E
STREET ADDRESS	2250 EAST MAYA PALM DRIVE
CITY-ST-ZIP	BOCA RATON FL 33432
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005482489--2
CITY-ST-ZIP	-05/07/02 01090-017
	****424.75 ****424.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
02 APR 29 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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AT