

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16783**

1. Entity Name

ABKEY NO. 1, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 3:21

5/16

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3444 Main Highway

Suite, Apt. #, etc.

Third Floor

City & State

Miami, Fl

Zip

33133

Country

USA

3. Mailing Address

P.O. Box 330927

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip

33233

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

59-2393270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CORPORATION COMPANY OF MIAMI

Street 1500 EDWARD BALL BUILDING

100 CHOPIN PLAZA

City

MIAMI

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$580,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$580,000

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 # G56216
NAME Abkey No. 1, Inc.
STREET ADDRESS 3rd Floor, 3444-48 Main Hwy
CITY-ST-ZIP Coconut Grove, FL 33133

STREET ADDRESS

CITY-ST-ZIP

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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)(f), 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:

Betty Amos

Abkey No. 1, Inc.'s President, Betty Amos

4/30/02

305-442-4284

Date

Daytime Phone #

CR2000B (12/01)

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE