

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001890 AF

**DOCUMENT # A16975**  
 1. Entity Name: **FORTY-THIRD STREET PROPERTIES, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 OCT -5 AM 11:02

Principal Place of Business: **811 EAST LAS OLAS BOULEVARD FT. LAUDERDALE FL 33301**  
 Mailing Address: **811 EAST LAS OLAS BOULEVARD FT. LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country  
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **59-2405951**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MEYER, CHARLES E.**  
**811 EAST LAS OLAS BOULEVARD**  
**FT. LAUDERDALE FL 33301**

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 registered agent is changed) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$148,400.00**

10. Amount of Capital Contributions in FLORIDA to date: **Same**

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 #	MEYER, CHARLES E.
NAME	1500 S.E. 9TH STREET
STREET ADDRESS	FT. LAUDERDALE FL
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	200003428782--9
CITY-ST-ZIP	-10/18/00--01060--023
STREET ADDRESS	****400.00 ****400.00
CITY-ST-ZIP	200003428782--9
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**PAID**  
 CK. NO. 663  
 DATE 8/27/02

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Charles E. Meyer Date: 8/27/02 Daytime Phone #

CF2E003 (5/00)