

# 2001 UNIFORM BUSINESS REPORT (UBR)


0006125 AF

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

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

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**FILED**  
 01 APR 16 PM 12:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


DO NOT WRITE IN THIS SPACE

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 reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$148,400.00**  
 10. Amount of Capital Contributions in FLORIDA to date: **0**  
 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	<b>MEYER, CHARLES E.</b>
STREET ADDRESS	<b>1500 S.E. 9TH STREET</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
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	
CITY-ST-ZIP	
STREET ADDRESS	<b>100004078531--2</b>
CITY-ST-ZIP	<b>-04/25/01--01105--017</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Charles E Meyer* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
 Date: **4/12/01**  
 Daytime Phone #: \_\_\_\_\_

CR2E003 (11/00)