

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17792**

1. Entity Name

**CENLAND ASSOCIATES LIMITED PARTNERSHIP**

FILED

02 MAR 11 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**100 JERICHO QUADRANGLE, #214  
C/O THE NEWKIRK GROUP  
JERICHO NY 11753**

Mailing Address

**100 JERICHO QUADRANGLE, #214  
C/O THE NEWKIRK GROUP  
JERICHO NY 11753**

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

**13-3248165**

Applied For

Not Applicable

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

**THE PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS ST., SUITE 105  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$159,599.00**

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 # **GP9700000090**  
NAME **NOZAR ASSOCIATES**  
STREET ADDRESS **100 JERICHO QUADRANGLE, #214**  
CITY-ST-ZIP **JERICHO NY 11753**

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)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature will 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 626, Florida Statutes.

SIGNATURE:

*By: Nozar Associates, a partner*  
*Signature of Registered Agent*

Date

Daytime Phone #

CR2E003 (9/01)

0018537 AB

STAPLE CHECK HERE