

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20800

1. Entity Name

SUMMIT THREE LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% WOLPERT & KAUFMAN, P.A.  
9200 S. DADELAND BLVD., #614  
MIAMI FL 33156

Mailing Address

% WOLPERT & KAUFMAN, P.A.  
9200 S. DADELAND BLVD., #614  
MIAMI FL 33156-2714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0310168

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.  
2 ALHAMBRA PLAZA, STE. 1202  
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # V04596  
NAME KENDALL SUMMIT, INC.  
STREET ADDRESS 9200 S DADELAND BLVD, STE 614, %WOLPERT &  
CITY - ST - ZIP MIAMI FL 33156

STREET ADDRESS

CITY - ST - ZIP

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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

By: Kendall Summit, Inc., its general partner

SIGNATURE:

*Eugene M. Erwin* SIGNATURE REQUIRED

4/19/00

(770) 955-6697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Eugene M. Erwin, President

CR3E003 (9/99)