

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008659 AT

DOCUMENT # **A21234**

1. Entity Name  
**WPB HEALTHSTYLES, LTD.**



**FILED**

**03 APR 28 AM 10:22**

SECRETARY OF  
TREASURY



Principal Place of Business  
**2333 BRICKELL AVE., SUITE D-1  
MIAMI FL 33129**

Mailing Address  
**2333 BRICKELL AVE., SUITE D-1  
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2600975**

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

7. Name and Address of New Registered Agent

**DAVID, MARYANN Y'ESQ  
215 S.W. LEJEUNE ROAD  
MIAMI FL 33134**

Name  
**Mary Ann Y. David Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2333 Brickell Avenue**  
**Suite D-1**  
City **Miami** **FL** Zip Code **33129**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary Ann David*

DATE

9. Capital Contributions as Shown on record, **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **M22768**  
NAME **ROSECLIFF, INC.**  
STREET ADDRESS **215 S.W. LEJEUNE ROAD**  
CITY-ST-ZIP **MIAMI FL 33134**

STREET ADDRESS **2333 Brickell Ave., Suite D-1**  
CITY-ST-ZIP **Miami, FL 33129**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP **400017119324**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS **04/28/03--01013--003 \*\*526.25**

DOCUMENT #  
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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 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: *Clifford D. Rosen* **4/22/03** **(305) 859-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)