

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22195**

1. Entity Name

**D & C - FLAMINGO & 84 EAST, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 6: 52

Principal Place of Business

C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.  
1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR  
FT. LAUDERDALE FL 33316-1110

Mailing Address

C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.  
1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR  
FT. LAUDERDALE FL 33316-1110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2746469**

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

**CURRAN, DERRANCE W.**  
**790 EAST BROWARD BLVD.**  
**SUITE 200**  
**FT. LAUDERDALE FL 33301**

Name

**Robert F. Dwors**

Street Address (P.O. Box Number is Not Acceptable)

**1 South Victoria Park Road**

City

**Fort Lauderdale,**

**FL**

Zip Code  
**33301**

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 *Robert F. Dwors*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-6-00**

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DWORS, ROBERT F.**  
**1629 NE 4TH COURT**  
**FT. LAUDERDALE FL**

STREET ADDRESS  
CITY - ST - ZIP  
**1 South Victoria Park Road**  
**Fort Lauderdale, FL 33301**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AR - 70.00**  
**ARSLAP 88.75**

STREET ADDRESS  
CITY - ST - ZIP  
**BK 3/20**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CVS - 8.75**

STREET ADDRESS  
CITY - ST - ZIP  
**200003198992--2**  
**-04/07/00--01002--005**  
**\*\*\*\*167.50 \*\*\*\*167.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**167.50**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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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:

*Robert F. Dwors*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Robert F. Dwors**

**3-6-00**

(954) 767-0700

Date

Daytime Phone #

CR2E003 (9/99)