

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **A22948**

1. Entity Name

1080 SOUTH ROGERS CIRCLE ASSOCIATES, A LIMITED P

FILED

00 JAN 31 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**9480 S. MILITARY 4A
BOYNTON BEACH FL 33436**

Mailing Address

**P.O. BOX 4529
BOYNTON BEACH FL 33424-4529**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2718620

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

**SOLIMINE, NICHOLAS A
9480 S. MILITARY
SUITE 4A
BOYNTON BEACH FL 33436**

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 reinstalling)

DATE

9. Capital Contributions
as Shown on record.

\$580.00

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

**SOLIMINE, NICHOLAS A
9480 S. MILITARY, STE. 4-A
BOYNTON BEACH FL 33436**

STREET ADDRESS
CITY - ST - ZIP

**9000003121969--5
-02/03/00--01016--004
****141.25 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

**F93000001773
CHOATE DEVELOPMENT CO.
215 GORDONS CORNER ROAD, SUITE 1-A
MANALAPAN NJ 07726**

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/24/2000 561 788 9308