

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017857
AB

DOCUMENT # A23021

1. Entity Name
BERMUDA AVENUE SHOPPING CENTER ASSOCIATES, L.P.,
LIMITED PARTNERSHIP



FILED

03 FEB 25 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% N.Y. URBAN WEST INC.
P.O. BOX 296
CONVENT STATION NJ 07961-0296

Mailing Address
% N.Y. URBAN WEST INC.
P.O. BOX 296
CONVENT STATION NJ 07961-0296

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 22-2769021

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

GOODWIN, LINDA
931 W OAK ST
SUITE 100
KISSIMMEE FL 34741

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

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

DATE

9. Capital Contributions as Shown on record. \$1.00

10. Amount of Capital Contributions in FLORIDA to date. \$1.00

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 # P37264
NAME SOUTH STREET FINANCIAL CORP.
STREET ADDRESS 16 SOUTH JEFFERSON RD.
CITY-ST-ZIP WHIPPANY NJ

STREET ADDRESS

CITY-ST-ZIP

200013087802
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CITY-ST-ZIP

M THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Signature *Haynes* 2/19/2003 (973) 515-0730

CR2E003 (10/02)