

2000 UNIFORM BUSINESS REPORT (UBR) APPROVED AND FILED

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DOCUMENT # A23034

1. Entity Name

TERRACE PLAZA MOTEL ASSOCIATES, LTD.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf41u

Principal Place of Business

1161 S.W. 21ST AVENUE
BOCA RATON FL 33486

Mailing Address

1161 S.W. 21ST AVENUE
BOCA RATON FL 33486-8583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

701 Briny AVE

701 Briny AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

4. FEI Number 59-2463654

Applied For
Not Applicable

Zip 33062 Country US

Zip 33062 Country U.S.

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

UDWIN, DENIS
1161 S.W. 21ST AVENUE
BOCA RATON FL 33486

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 \$200,000.00

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 # M01321
NAME REAL ESTATE INVESTMENTS OF THE PALM BEACHE
STREET ADDRESS 1161 S.W. 21ST AVENUE
CITY-ST-ZIP BOCA RATON FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

4. 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:

Denis Udwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/00
Date

(561) 533-0344
Daytime Phone #

CR2E003 (9/99)