

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009473 AT

DOCUMENT # **A23034**

1. Entity Name
TERRACE PLAZA MOTEL ASSOCIATES, LTD.



FILED

03 MAY 29 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**701 BRINY AVE.
POMPAHO BEACH FL 33062**

Mailing Address
**701 BRINY AVE.
POMPAHO BEACH FL 33062**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-2463654** 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

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

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

9. Capital Contributions as Shown on record. **\$200,000.00** 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 #	M01321	STREET ADDRESS		
NAME	REAL ESTATE INVESTMENTS OF THE PALM BEACHE	CITY-ST-ZIP		
STREET ADDRESS	1161 S.W. 21ST AVENUE			
CITY-ST-ZIP	BOCA RATON FL			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
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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: Dennis Udwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/03 561-533-6344
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE