

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 30 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A23769**

1. Entity Name

CENTRAL PARK INVESTORS, LTD.

Principal Place of Business

333 N.W. 70 AVENUE
SUITE 207
PLANTATION FL 33317

Mailing Address

333 N.W. 70 AVENUE
SUITE 207
PLANTATION FL 33317-2300

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

59-2744819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

inf 4/10



6. Name and Address of Current Registered Agent

INFANTE, CHARLES M.
333 N.W. 70 AVE.
SUITE 207
PLANTATION FL 33317

7. Name and Address of New Registered Agent

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 re-registering)

DATE

9. Capital Contributions
as Shown on record.

\$618,750.00

10. Amount of Capital Contributions
in FLORIDA to date.

MAILED 03/20/00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT #
NAME **INFANTE, CHARLES M.**
STREET ADDRESS **340 TORCHWOOD AVENUE**
CITY-ST-ZIP **PLANTATION FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles M. Infante

Title

Daytime Phone #

Mar. 23 2000 04:09PM P1

FROM : Drs Garvan, Stewart, & Infante PHONE NO. : 305 581 5402