

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000163 AT

DOCUMENT # **A23903**

1. Entity Name

FOUR POINTS COMMERCE CENTER LIMITED PARTNERSHIP



FILED

03 SEP -8 AM 9:37

Principal Place of Business
**21 N. MILITARY TR.
SUITE J
WEST PALM BEACH FL 33415**

Mailing Address
**21 N. MILITARY TR.
SUITE J
WEST PALM BEACH FL 33415**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

4645-G Southern Blvd

3. Mailing Address

4645-G Southern Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State
West Palm Beach FL

City & State
West Palm Bch. FL

4. FEI Number **59-2756778**

Applied For

Not Applicable

Zip

33415

Country

Palm Beach

Zip

33415

Country

Palm Beach

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

**FELDMAN, JEFF
JAF PROPERTIES**

**21 N. MILITARY TR., SUITE J 4645-G Southern Blvd
WEST PALM BEACH FL 33415**

Name **Feldman, Jeff**

Street Address (P.O. Box Number is Not Acceptable)
4645-G Southern Blvd

City **West Palm Beach**

FL

Zip Code **33415**

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.

\$1,039,500.00

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 # **J16493**
NAME **4 POINTS COMMERCE CENTER**
STREET ADDRESS **21 N. MILITARY TR., SUITE J**
CITY-ST-ZIP **W. PALM BCH FL 33415**

STREET ADDRESS **4645-G Southern Blvd**
CITY-ST-ZIP **West Palm Beach FL 33415**

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-5-03

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE