

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26536**

1. Entity Name

STIRLING ROAD PLAZA, LTD.

FILED

01 APR 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007851 AF

Principal Place of Business

%KONOVER & ASSOCIATES SOUTH
7000 W. PALMETTO PARK RD. #408
BOCA RATON FL 33433

Mailing Address

%KONOVER & ASSOCIATES SOUTH
7000 W. PALMETTO PARK RD. #408
BOCA RATON FL 33433



2. Principal Place of Business

Konover & Associates South, LLC

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0110296

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

KONOVER, THEODORE S.
9822 NE 2ND AVE #1 & 2
MIAMI SHORES FL 33138

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.

\$792,000.00

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 # **K09797**
NAME **FLORIDA K-FIVE CORP.**
STREET ADDRESS **9822 NE 2ND AVE #1 & 2**
CITY-ST-ZIP **MIAMI SHORES FL**

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

By: **Florida K-Five Corporation, its General Partners**

By: **Kristen M. Mirrone, Treasurer**

SIGNATURE: *Kristen M. Mirrone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/12/01

561-394-4284

002E003 (11/00)