

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0003937  
AV

DOCUMENT # **A26937**

1. Entity Name

**1070 HIGH RIDGE ROAD LIMITED PARTNERSHIP**

02 APR 22 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**% MORTON B. KAHN, GEN PARTNER  
8 VIA LOS INCAS  
PALM BEACH FL 33480**

Mailing Address  
**% MORTON B. KAHN, GEN PARTNER  
8 VIA LOS INCAS  
PALM BEACH FL 33480**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0141291**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MORA, ABRAHAM M.  
8 VIA LOS INCAS  
PALM BEACH FL 33480**

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

DATE

9. Capital Contributions  
as Shown on record.

**\$9,800.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KAHN, MORTON B.  
8 VIA LOS INCAS  
PALM BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

**157.33**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KAHN, PHYLLIS C.  
8 VIA LOS INCAS  
PALM BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

**68.60-4P**

**88.75-Adm**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300005361993-5**

**-04/29/02-01021-013**

**\*\*\*157.35 \*\*\*157.35**

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/18/02 561-833-1277**

CR2E003 (9/01)