

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27264**

1. Entity Name
US SWISSINCOME III LTD.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:49

Principal Place of Business
**3350 RIVERWOOD PKWY., STE. 1500
ATLANTA GA 30339**

Mailing Address
**3350 RIVERWOOD PKWY., STE. 1500
ATLANTA GA 30339-3399**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2967548**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,515,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0.**

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 # **F93000000104**
NAME **BVT REAL ESTATE DEVELOPMENT, INC.**
STREET ADDRESS **3350 CUMBERLAND CIRCLE, S-1500**
CITY - ST - ZIP **ATLANTA GA 30339**

STREET ADDRESS **3350 Riverwood pkwy ste 1500**
CITY - ST - ZIP **Atlanta, GA 30339**

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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: **Michaela Pountney**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-16-00 770-618-3502
Date Daytime Phone #

CR2E003 (9/99)