

2002 UNIFORM BUSINESS REPORT (UBR)

0012854 AT

DOCUMENT # **A28280**

1. Entity Name

NEW HARBOR PARTNERS, LTD.

FILED

02 FEB 28 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1705 S. FEDERAL HWY SUITE A-3
DELRAY BEACH FL 33483

Mailing Address

1705 S. FEDERAL HWY SUITE A-3
DELRAY BEACH FL 33483

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

172 NE 2ND AVE

DUE BY MAY 1, 2002

City & State

Zip

Country

City & State

Zip

Country

DELRAY BEACH FL

33444

PALM BEACH

4. FEI Number

65-0124854

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

SCHROEDER, MICHAEL A., ESQ.
ONE BOCA PLACE, SUITE 319-ATRIUM
2255 GLADES ROAD
BOCA RATON FL 33431

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.

\$148,500.00

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 # **K83662**
NAME **NEW HARBOR, INC.**
STREET ADDRESS **1705 S FEDERAL HWY A-3**
CITY-ST-ZIP **DELRAY BEACH 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

SIGNATURE:

Morgan Russell - Pres. Morgan Russell

3/30/02

561-391-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)