

2001 UNIFORM BUSINESS REPORT (UBR)

0005927 AF

DOCUMENT # **A28866**

1. Entity Name

ARECA ASSOCIATES, LTD.

FILED

01 APR 23 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% SIDNEY SACKS
19355 TURNBERRY WAY. TH2
MIAMI FL 33180

Mailing Address

% SIDNEY SACKS
19355 TURNBERRY WAY. TH2
MIAMI FL 33180

2. Principal Place of Business

3000 Island Blvd

3. Mailing Address

3000 Island Blvd

Suite, Apt. #, etc.

Apt-2903

Suite, Apt. #, etc.

Apt-2903

City & State

Aventura FL

City & State

Aventura FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0142304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M ESQ.
KRAMER & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD STE 485 SOUTH
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

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.

\$2,550,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**SACKS, SIDNEY
30 PALM AVENUE
MIAMI BEACH FL**

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

3000 Island Blvd - Apt-2903

Aventura, FL 33160

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000004163390-0

-05/08/01-01131-001

******526.25 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Sidney Sacks

Date

4/17/01

Daytime Phone #

305-682-9214

CR2E003 (11/00)