

# 2001 UNIFORM BUSINESS REPORT (UBR)

000115 AT

**DOCUMENT # A29055**

1. Entity Name

**HIALEAH GARDENS ASSOCIATES, LTD.**

Principal Place of Business

111 E. BOCA RATON ROAD  
BOCA RATON FL 33432

Mailing Address

111 E. BOCA RATON ROAD  
BOCA RATON FL 33432

**FILED**

01 JAN 29 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 N. FEDERAL HIGHWAY

3. Mailing Address

140 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.  
# 200

Suite, Apt. #, etc.  
# 200

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

4. FEI Number **65-0125489**

Applied For  
Not Applicable

Zip Country  
33432 USA

Zip Country  
33432 USA

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TALBOTT, GREGORY K.**  
111 E. BOCA RATON RD  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name  
140 N. FEDERAL HIGHWAY  
Street Address (P.O. Box Number is Not Acceptable)  
140 N. FEDERAL HIGHWAY, SUITE # 200  
City BOCA RATON FL Zip Code 33432

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. **\$250.00**

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	STREET ADDRESS	CITY-ST-ZIP
L22749	HGA, INC.	111 E. BOCA RATON ROAD	BOCA RATON FL 33432	140 N. FEDERAL HIGHWAY	BOCA RATON, FL 33432

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 OF GENERAL PARTNER **Talbot** 1-25-01 392-8525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)