

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29462**

1. Entity Name
I-110 West, Ltd.

Principal Place of Business
**175 Bradley Place
Palm Beach, FL 33480**

Mailing Address
**175 Bradley Place
Palm Beach, FL 33480**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 27 AM 3:05

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
175 Bradley Place
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
58-2045903

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

6. Name and Address of Current Registered Agent
**Robert D. Rapaport
175 Bradley Place
Palm Beach, FL 33480**

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

9.- Capital Contributions as Shown on record. **\$282,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	Makson Corp.	STREET ADDRESS	175 Bradley Place
NAME		CITY-ST-ZIP	Palm Beach, FL 33480
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	600003258576--6
NAME		CITY-ST-ZIP	05/19/00--01011--004
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: **Fred F. Rapaport** **4/19/00** **561-659-5311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)