

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020466 SP

APPROVED AND FILED

01 MAY -1 PM 6:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A30117**  
1. Entity Name  
**RELATED PALM BEACH, LTD.**

Principal Place of Business <b>2828 CORAL WAY. PENTHOUSES MIAMI FL 33145</b>	Mailing Address <b>2828 CORAL WAY. PENTHOUSES MIAMI FL 33145</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0252123</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THE RELATED COMPANIES OF FLORIDA, INC.  
2828 CORAL WAY, PENTHOUSES  
MIAMI FL 33145**

**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. (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	<b>617998 RELATED CO.'S OF FL, INC 2828 CORAL WAY, PENTHSES MIAMI FL</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>300004287583--8 -05/22/01--01086--013 ****150.00 ****150.00</b>
STREET ADDRESS	
CITY - ST - ZIP	
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:** *Angel Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**ANGEL HERNANDEZ**  
VICE - PRESIDENT  
Date: *4/28/01* Daytime Phone #: *(305) 460-9900*

CR2E003 (11/00)