

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020994 SP

DOCUMENT # **A30117**

1. Entity Name

**RELATED PALM BEACH, LTD.**

FILED

02 MAR -7 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |
|---|---|
| Principal Place of Business<br><b>2828 CORAL WAY, PENTHOUSES<br/>MIAMI FL 33145</b> | Mailing Address<br><b>2828 CORAL WAY, PENTHOUSES<br/>MIAMI FL 33145</b> |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

**DUE BY MAY 1, 2002**

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>65-0252123</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|  |                                       |
|--|---------------------------------------|
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |                 |
|--|-----------------|
| 9. Capital Contributions as Shown on record. | <b>\$100.00</b> |
|--|-----------------|

|   |  |
|---|--|
| 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 #                      | <b>617998</b>                   |
| NAME                            | <b>RELATED CO.'S OF FL, INC</b> |
| STREET ADDRESS                  | <b>2828 CORAL WAY, PENTHSES</b> |
| CITY-ST-ZIP                     | <b>MIAMI FL</b>                 |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
| CITY-ST-ZIP                     |                                 |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
| CITY-ST-ZIP                     |                                 |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
| CITY-ST-ZIP                     |                                 |

| 13. ADDRESS CHANGES ONLY |                              |
|--------------------------|------------------------------|
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           | <b>200005097592--7</b>       |
| CITY-ST-ZIP              | <b>03/12/02 01066 005</b>    |
|                          | <b>****150.00 ****150.00</b> |
| 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* **ANGEL HERNANDEZ**  
VICE - PRESIDENT

Date: **2/15/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)