

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30135

1. Entity Name

BEZTAK OF CITATION WAY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business
C/O HAROLD BEZNOS
31731 NORTHWESTERN HIGHWAY, SUITE 240E
FARMINGTON HILLS MI 48334

Mailing Address
C/O HAROLD BEZNOS
31731 NORTHWESTERN HIGHWAY, SUITE 240E
FARMINGTON HILLS MI 48334-1654



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 38-2948434
Applied For
Not Applicable

Zip Country
Zip Country

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

6. Name and Address of Current Registered Agent
LUPTAK, PAOLA
2295 CORPORATE BLVD., NW #240
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (Post Office Box Number is Not Acceptable)
4700 NW Boca Raton Blvd
4th Floor
City Boca Raton, FL 33431 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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$990.00
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 #	P36789	STREET ADDRESS	
NAME	FIRST GENERAL CORPORATION	CITY - ST - ZIP	100003289261--3
STREET ADDRESS	31731 NORTHWESTERN HWY., SUITE 200E		06/14/00 01085 022
CITY - ST - ZIP	FARMINGTON HILLS MI 48334-1654		****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-2000

Date

Daytime Phone #