

2001 UNIFORM BUSINESS REPORT (UBR)

0007898 AF

DOCUMENT # **A30792**

1. Entity Name

DAVIE PLAZA LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

**C/O KONOVER & ASSOCIATES SOUTH, INC.
7000 W. PALMETTO PARK RD., SUITE 408
BOCA RATON FL 33433**

**C/O KONOVER & ASSOCIATES SOUTH, INC.
7000 W. PALMETTO PARK RD., SUITE 408
BOCA RATON FL 33433**

2. Principal Place of Business

Konover & Associates South, LC

3. Mailing Address

LC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0230928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

FILED
01 APR 23 PM 12:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHENFELTER, MARIA S

C/O KONOVER & ASSOCIATES SOUTH, INC.

7000 W. PALMETTO PARK RD., SUITE 408

BOCA RATON FL 33433

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$250,000.00

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 # **L82258**
NAME **KONOVER MOBILE, INC.**
STREET ADDRESS **7000 W. PALMETTO PARK ROAD, SUITE 408**
CITY-ST-ZIP **BOCA RATON FL 33433**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

By **Konover Mobile, Inc., its General Partner**

By: **Kristen M. Mirrione, its Treasurer**

SIGNATURE:

Kristen M. Mirrione

Date

Daytime Phone #

4/12/01

561-394-4284

CR2E003 (11/00)