

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31247**

1. Entity Name

NEW BERMOR ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 15 PM 3:43
42
1/17

Principal Place of Business

~~180 SOLANO PRADO~~
~~CORAL GABLES FL 33156~~

Mailing Address

~~180 SOLANO PRADO~~
~~CORAL GABLES FL 33156~~

2. Principal Place of Business

6740 E. ROGERS CIR

3. Mailing Address

6740 E. ROGERS CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0262631

Applied For

Not Applicable

Zip

Country

33487

Zip

Country

33487

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORTON, RICHARD
KATZ BARROW SQUITERO & FAUST
2699 S BAYSHORE DR., #700A
MIAMI FL 33133**

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,445,400.00

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

DOCUMENT # **S20386**
NAME **BAYSHORE GEN. CORP.**
STREET ADDRESS **180 SOLANO PRADO**
CITY-ST-ZIP **CORAL GABLES FL 33156**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

6740 E. ROGERS CIR

CITY-ST-ZIP

BOCA RATON, FL 33487

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)