

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A31346**

1. Entity Name  
**S-H PROPERTY HOLDINGS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 28 AM 3:05

*[Handwritten Signature]*

Principal Place of Business  
**450 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE FL 33301**

Mailing Address  
**450 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE FL 33301-2292**



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

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

4. FEI Number **65-0295319**

Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROCHON, RICHARD C  
450 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE FL 33301**

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$10,000.00**

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

DOCUMENT #	<b>S33236</b>
NAME	<b>S-H PROP. MANAGEMENT, INC</b>
STREET ADDRESS	<b>200 S. ANDREWS AVE.</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<b>450 EAST LAS OLAS BLVD #1500</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE, FL 33301</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>800003271258-2</b>
CITY - ST - ZIP	<b>-05/31/00--01014--013</b>
STREET ADDRESS	<b>****158.75 ****158.75</b>
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: **SIGNATURE REQUIRED** **CRIS V. BRANDEN** **4/26/00** **954-627-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #