

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31772**

1. Entity Name
HIALEAH 1420 APARTMENTS, LTD.

Principal Place of Business
P.O. BOX 546082
SURFSIDE FL 33154

Mailing Address
P.O. BOX 546082
SURFSIDE FL 33154-0082

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0291378** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, HARVEY D. ESQ.
3636 W. FLAGLER STREET
MIAMI FL 33135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$7,500.00**

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 # **S59193**
NAME **HIALEAH 1420 APARTMENTS, INC.**
STREET ADDRESS **3636 W. FLAGLER ST.**
CITY - ST - ZIP **MIAMI FL**

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

SIGNATURE: *Harvey D. Friedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/00 Date (305) 682 0565 Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CP2E003 (9/99)