

2001 UNIFORM BUSINESS REPORT (UBR)

0001388 AF

DOCUMENT # **A32082**

1. Entity Name

AMBER KING FLORIDA, LTD.

Principal Place of Business

Mailing Address

~~2296 W. AIRPORT BLVD.
SANFORD FL 32771~~

Remove

~~2296 W. AIRPORT BLVD.
SANFORD FL 32771~~

FILED
01 MAR 26 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3250 Mary Street

3250 Mary St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 306

Suite 306

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33133

USA

33133

USA

4. FEI Number

59-3088544

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

~~CANFLOR MANAGEMENT, INC.~~

~~2296 W. AIRPORT BLVD.~~

~~SANFORD FL 32771~~

Remove

Name

Alan W. Levine Esq.

Street Address (P.O. Box Number is Not Acceptable)

1110 Brickell Ave.

7th Floor

City

Miami

FL

Zip Code

33131

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]

ALAN W. LEVINE

2-26-01

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.

\$455,000.00

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 #

S86129

NAME

~~OGI PROPERTY CORPORATION~~

STREET ADDRESS

~~2296 W. AIRPORT BLVD.~~

CITY-ST-ZIP

~~SANFORD FL 32771~~

Remove

STREET ADDRESS

CITY-ST-ZIP

~~000003953570-3~~
~~--04/03/01--01074--007~~
~~***263.12 ***263.12~~

DOCUMENT #

NAME

Kings Crossing 6P, Inc.

STREET ADDRESS

3250 Mary St., Suite 306

CITY-ST-ZIP

Miami, FL 33133

STREET ADDRESS

CITY-ST-ZIP

~~000003953570-3~~
~~--04/03/01--01074--008~~
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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: *X*

[Signature] **SIGNATURE REQUIRED** **Paul G. Stemforth, President 2-26-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)