

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32642**

1. Entity Name

EASTCO REALTY ASSOCIATES, LTD.

Principal Place of Business

**1650 N.E. 26TH STREET
SUITE A
WILTON MANORS FL 33305**

Mailing Address

**1650 N.E. 26TH STREET
SUITE A
WILTON MANORS FL 33305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0315214

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

BERLINER, IRWIN

1650 NE 26TH STREET

SUITE A

WILTON MANORS FL 33305

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.

\$30,000.00

10. Amount of Capital Contributions in FLORIDA to date.

39,000.00

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 # **V18149**
NAME **EASTCO REALTY, INC.**
STREET ADDRESS **1650 NE 26TH ST., SUITE A**
CITY-ST-ZIP **WILTON MANORS FL**

STREET ADDRESS

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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

3/14/02 954-561-4299

FILED

02 MAY -6 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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