

2000 UNIFORM BUSINESS REPORT (UBR)

2005799 1

DOCUMENT # A32648

1. Entity Name

MANHATTAN PALMS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -4 PM 5:31

Principal Place of Business
C/O PROFESSIONAL MANAGEMENT, INC.
9095 S.W. 87TH AVENUE, SUITE 777
MIAMI FL 33176

Mailing Address
C/O PROFESSIONAL MANAGEMENT, INC.
9095 S.W. 87TH AVENUE, SUITE 777
MIAMI FL 33176-2310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3160195

Applied For
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, JAMES R.
9095 S.W. 87TH AVENUE, SUITE 777
MIAMI FL 33176

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions, as Shown on record. \$3,000.00

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 # 511577
NAME PROFESSIONAL MANAGEMENT, INC.
STREET ADDRESS 9095 S.W. 87TH AVE.,#777
CITY - ST - ZIP MIAMI FL

STREET ADDRESS 000003214640--9
CITY - ST - ZIP 04/19/00 01064 010
****141.25 ****141.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James R. Mitchell
3/24/2000 (305)271-5051