

2001 UNIFORM BUSINESS REPORT (UBR)

0008454 AF

DOCUMENT # **A32813**

1. Entity Name

CPS PROPERTIES, LTD.

Principal Place of Business

P.O. BOX 2771

PALM BEACH FL 33480

Mailing Address

P.O. BOX 2771

PALM BEACH FL 33480

FILED

01 APR 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

324 Royal Palm Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

33480 USA

4. FEI Number

65-0386215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAISFIELD, MARC

218 ROYAL PALM WAY, #200 324 Royal Palm Way, Ste. 231
PALM BEACH FL 33480

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

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.

\$0.00

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 # **P92000008122**
NAME **BLUE CHIP REALTY, INC.**
STREET ADDRESS **735 COLORADO AVE., SUITE 0**
CITY-ST-ZIP **STUART FL 34904**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **324 Royal Palm Way, Ste. 231**
CITY-ST-ZIP **Palm Beach, FL 33480**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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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:

Marc Haisfield Pres. of G.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/01
Date

561-655-2829
Daytime Phone #

CR2E003 (11/00)