

2001 UNIFORM BUSINESS REPORT (UBR)

0005395 AF

DOCUMENT # **A32848**

1. Entity Name

EXECUTIVE SQUARE ASSOCIATES, LTD.

FILED

01 MAR 30 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 NE 167 St

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2ND FLOOR

City & State

NO. MIAMI BEACH FL

City & State

Zip

33162

Country

USA

Country

4. FEI Number

65-0329815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MHW PROPERTIES, INC.

17071 W. DIXIE HIGHWAY

NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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

801 NE 167 St, 2nd Fl

City

NO. MIAMI BEACH

FL

Zip Code

33162

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.

\$95.00

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 # **H56032**
NAME **MHW PROPERTIES, INC.**
STREET ADDRESS **17071 W. DIXIE HIGHWAY**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

801 NE 167 St, 2nd Fl

CITY-ST-ZIP

NO Miami Beach, FL 33162

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Michael H. Weissen

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

305-690-9410

CR2E003 (11/00)