

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010485 AT

DOCUMENT # **A32848**

1. Entity Name
EXECUTIVE SQUARE ASSOCIATES, LTD.



FILED

03 MAR 10 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**801 N.E. 167 ST., 2ND FLOOR
NORTH MIAMI BEACH FL 33162**

Mailing Address
**801 N.E. 167 ST., 2ND FLOOR
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0329815**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MHW PROPERTIES, INC.
801 N.E. 167 ST., 2ND FLOOR
NORTH MIAMI BEACH FL 33162**

Name
The Weisser Realty Group, Inc
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **3-7-03**

9. Capital Contributions
as Shown on record. **\$95.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **H56032**
NAME **MHW PROPERTIES, INC.**
STREET ADDRESS **801 N.E. 167 ST., 2ND FLOOR**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

STREET ADDRESS

CITY-ST-ZIP

300013734113
03/10/03 01079 003 **141.25

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CITY-ST-ZIP

M THOMAS

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 REQUIRED

3-7-03 **305-690-9110**
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE