

2002 UNIFORM BUSINESS REPORT (UBR)

000619 AT

DOCUMENT # A92000000213

1. Entity Name

ST. JOHN HOUSING LIMITED PARTNERSHIP III

FILED

02 JAN 18 AM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

P.O. BOX 015344
MIAMI FL 33101-5344

Mailing Address

P.O. BOX 015344
MIAMI FL 33101-5344

2. Principal Place of Business

3. Mailing Address

*Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0390527

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

ST. JOHN HOUSING CORPORATION III, INC.
1324 N.W. 3RD AVENUE
MIAMI FL 33136

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.

\$101.00

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 # P92000013790
NAME ST. JOHN HOUSING CORPORATION III
STREET ADDRESS 1324 N.W. 3RD AVENUE
CITY-ST-ZIP MIAMI FL 33136

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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****150.00 ****150.00

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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:

Johnnie L. King
SIGNATURE

JOHNNIE L. KING

1/14/02

305-751-4417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)