

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000254**

1. Entity Name

BAL HARBOUR SHOPS, LTD.

FILED

02 FEB 18 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**9700 COLLINS AVENUE
BAL HARBOUR FL 33154**

Mailing Address

**% MICHAEL D. KATZ, ESQUIRE
2699 S. BAYSHORE DR., 7TH FL.
MIAMI FL 33133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1421191

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZ, MICHAEL D ESQUIRE
2699 S. BAYSHORE DR., 7TH FL
MIAMI FL 33133**

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

\$64,409.00

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 #	
NAME	WHITMAN, WILLIAM F
STREET ADDRESS	9700 COLLINS AVENUE
CITY-ST-ZIP	BAL HARBOUR FL 33154
DOCUMENT #	
NAME	WHITMAN, STANLEY F
STREET ADDRESS	9700 COLLINS AVENUE
CITY-ST-ZIP	BAL HARBOUR FL 33154
DOCUMENT #	
NAME	WHITMAN, DUDLEY A
STREET ADDRESS	9700 COLLINS AVENUE
CITY-ST-ZIP	BAL HARBOUR FL 33154
DOCUMENT #	
NAME	WHITMAN, RANDALL A
STREET ADDRESS	9700 COLLINS AVENUE
CITY-ST-ZIP	BAL HARBOUR FL 33154
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005025023--9
CITY-ST-ZIP	-02/27/02--01033--004
STREET ADDRESS	****526.25 ****526.25
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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Feb. 8, 2002 (305) 866-0311

CR2E003 (9/01)