

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000149**

1. Entity Name

29 WEST ASSOCIATES LTD.

Principal Place of Business

~~3200 PONCE-DE-LEON-~~
~~CORAL GABLES FL 33134~~

Mailing Address

~~3200 PONCE-DE-LEON-~~
~~CORAL GABLES FL 33134-7239~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 15 PM 12:49



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o RJS Shutts & Bowen LLP

3. Mailing Address

c/o RJS Shutts & Bowen LLP

Suite, Apt. #, etc.

201 S. Biscayne, Blvd #1500

Suite, Apt. #, etc.

201 S. Biscayne Blvd. #1500

City & State

Miami, FL 33131

City & State

Miami, FL 33131

Zip

Country

33131

Zip

Country

33131

4. FEI Number

65-0387031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLE, JOSE

3200 PONCE-DE-LEON BLVD., 2ND FL-

CORAL GABLES FL 33134 --

7. Name and Address of New Registered Agent

Name

Corporation Company of Miami

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

201 S. Biscayne Blvd., Suite 1500

City

Miami

FL

Zip Code

33131

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.

CORPORATION COMPANY OF MIAMI

SIGNATURE By:

Malaine G. Landau

Malaine Landau, Asst. Secretary

2/28/00

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.

\$260,560.00

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 # **P94000007605**
NAME **HALF MOON OF SOUTH FLORIDA, INC.**
STREET ADDRESS **3200 PONCE-DE-LEON BLVD., 2ND FL**
CITY - ST - ZIP **CORAL GABLES FL 33134**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **c/o RJS 201 S. Biscayne Blvd., #1500**
CITY - ST - ZIP **Miami, FL 33131**

STREET ADDRESS *inf 3/21/00*
CITY - ST - ZIP

STREET ADDRESS **800003184208--3**
CITY - ST - ZIP **-03/27/00--01005--002**
******526.25 ****526.25**

STREET ADDRESS
CITY - ST - ZIP

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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

HALF MOON OF SOUTH FLORIDA, INC.

February 18, 2000

1 345 949 8455

SIGNATURE: By: **SIGNATURE REQUIRED**

Linburgh Martin, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #