

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000121 AV

DOCUMENT # **A93000000311**



1. Entity Name
CORAL POINT APARTMENTS LIMITED PARTNERSHIP

FILED
03 MAR 20 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
**777 BRICKELL AVENUE, SUITE 1390
MIAMI FL 33131**

Mailing Address
**777 BRICKELL AVENUE, SUITE 1390
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0401158**

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

FABRE, FRANK R
717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$810,000.00

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 # **J17255**
NAME **MCH PROPERTIES, INC.L**
STREET ADDRESS **777 BRICKELL AVENUE, SUITE 1010**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS

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

3/18/03 **(305) 381-8790**
Date Daytime Phone #

CR2E003 (10/02)