

2001 UNIFORM BUSINESS REPORT (UBR)

0007602 AF

DOCUMENT # **A93000000580**

1. Entity Name

SIEMENS WEST BOYNTON, LTD.

FILED

01 APR 27 PM 12:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4800 NORTH FEDERAL HIGHWAY, SUITE 202E
BOCA RATON FL 33431**

Mailing Address
**4800 NORTH FEDERAL HIGHWAY, SUITE 202E
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0443754

Applied For
Not Applicable

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

**SIEMENS, RICHARD
4800 NORTH FEDERAL HIGHWAY, SUITE 202E
BOCA RATON FL 33431**

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. (NOT: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

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 # **P93000029170**
NAME **SIEMENS WEST BOYNTON CORP.**
STREET ADDRESS **4800 NORTH FEDERAL HIGHWAY, SUITE 202E**
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS
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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: **SIEMENS, RICHARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/27/01** Daytime Phone # **561-362-9205**

CP2E003 (11/00)