

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000580**

1. Entity Name
SIEMENS WEST BOYNTON, LTD.



FILED

03 APR 24 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
5801 N CONGRESS

3. Mailing Address
5801

Suite, Apt. #, etc.
SUITE 205

Suite, Apt. #, etc.
SUITE 205

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip **33487** Country **USA**

Zip **33487** Country **USA**

DUE BY MAY 1, 2003

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 **SIEMENS, RICHARD**
Street Address (P.O. Box Number is Not Acceptable)
5801 N CONGRESS SUITE 205
City **BOCA RATON** FL Zip Code **33487**

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. **\$1,000.00**

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

STREET ADDRESS **5801 N. CONGRESS SUITE 205**
CITY-ST-ZIP **BOCA RATON FL 33487**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **800016958008**

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STREET ADDRESS
CITY-ST-ZIP **04/24/03--01049--005 **141.25**

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this form 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0003652 AV