

2001 UNIFORM BUSINESS REPORT (UBR)

0000284 AF

DOCUMENT # **A94000000382**

1. Entity Name

CSC THE PINES OF VERO, LTD.

FILED

00 FEB 22 PM 9:28

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
250 AUSTRALIAN AVE. S., 10TH FL. STE. 1003
WEST PALM BEACH FL 33401

Mailing Address
250 AUSTRALIAN AVE. S., 10TH FL. STE. 1003
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3194858

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

CEEBRAID-SIGNAL LB CORPORATION
250 AUSTRALIAN AVE. S., 10TH FL. STE. 1003
WEST PALM BEACH FL 33401

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$20,000.00

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

DOCUMENT # **P94000008230**
NAME **CEEBRAID-SIGNAL LB CORPORATION**
STREET ADDRESS **250 AUSTRALIAN AVE. S., 10TH FL. STE. 1003**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP **100003784081--5**

DOCUMENT #
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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: **X** **CEEBRAID-SIGNAL LB CORP**
SIGNATURE
JASON SCHLESINGER Director

Date

Daytime Phone #

CR2E003 (11/00)