

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000503**

1. Entity Name

**TCA 94-F LIMITED PARTNERSHIP**

Principal Place of Business

**O/O TCA JOINT VENTURE  
601 BRICKELL KEY DRIVE, SUITE 505  
MIAMI FL 33131**

Mailing Address

**C/O TCA JOINT VENTURE  
601 BRICKELL KEY DRIVE, SUITE 505  
MIAMI FL 33131**

APPROVED  
AND  
FILED

02 JUN 27 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0485101**

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

**SAICHEK, LAWRENCE A**

**C/O TCA JOINT VENTURE**

**601 BRICKELL KEY DRIVE, SUITE 505**

**MIAMI FL 33131**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$700,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**38,919.00**

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 # **P94000027088**  
NAME **TCA 94-F, INC.**  
STREET ADDRESS **C/O 601 BRICKELL KEY DRIVE, SUITE 605**  
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS **601 BRICKELL KEY DR. #505**  
CITY-ST-ZIP **MIAMI FL 33131**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP **3000005762523--5**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **-06/27/02-01016--001**  
CITY-ST-ZIP **\*\*\*\*\*88.76 \*\*\*\*\*88.76**

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STREET ADDRESS  
CITY-ST-ZIP **3000005762523--5**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **06/12/02-01017--002**  
CITY-ST-ZIP **\*\*\*\*\*272.43 \*\*\*\*\*272.43**

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:

**SIGNATURE REQUIRED**

**3/25/02**

**305-577-3902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)