

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A94000000512



DOCUMENT # A94000000512

1. Entity Name

CHECKERS LAUDERDALE LIMITED PARTNERSHIP

FILED

02 JAN -7 11 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1250 E. Hallandale Beach

3. Mailing Address

Bld. 1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 904

Suite 904

City & State

City & State

Hallandale, FL

Hallandale, FL

Zip
33009

Country

Zip
33009

Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

65-0492357

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CORPCO, INC.

Street Address (P.O. Box Number is Not Acceptable)

2699 S. Bayshore Drive, 7th Floor

City

Miami

FL

Zip Code

33133

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.

CORPCO, INC.

SIGNATURE

[Handwritten Signature]

300004755213--5

DATE

**9. Capital Contributions
as Shown on record.**

\$148,000.00

**10. Amount of Capital Contributions
in FLORIDA to date.**

\$148,000.00

**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

DOCUMENT #

P94000027746

NAME

Checkers Lauderdale Realty Corp.

STREET ADDRESS

1250 E. Hallandale Beach Blvd.

CITY-ST-ZIP

Suite 904

NAME

Hallandale, FL 33009

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Checkers Lauderdale Realty Corp., its General Partner

SIGNATURE: By: *[Handwritten Signature]*, Paul Cleeman, Vice Pres., 1/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

ORANGE 12/15/11



A94000000512

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 615948 4322524

AUTHORIZATION *Patricia Pigute*

COST LIMIT : \$ 535.00

ORDER DATE : January 7, 2002

ORDER TIME : 10:19 AM

ORDER NO. : 615948-005

CUSTOMER NO: 4322524

CUSTOMER: Ms. Esther Hellwig
Katz Barron Squitero & Faust
7th Floor
2699 South Bayshore Drive
Miami, FL 33133

FILED
02 JAN -7 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

02 JAN -7 AM 11:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

CHECKERS LAUDERDALE LIMITED
PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____