

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000632**

1. Entity Name

SUNSET POINTE AT SILVER LAKES ASSOCIATES, LTD.

APPROVED
AND
FILED

00 MAR 30 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/10



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1233 SW 177TH TERRACE
PEMBROKE PINES FL 33029

Mailing Address

1233 SW 177TH TERRACE
PEMBROKE PINES FL 33029-4826

2. Principal Place of Business

17314 SW 12th Street

3. Mailing Address

17314 SW 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines
Pembroke Pines, FL 33029

City & State

Pembroke Pines, FL 33029

4. FEI Number

65-0443080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODKIN, PETER M ESQ.
2101 WEST COMMERCIAL BLVD., STE 4100
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

One East Broward Blvd. # 1501

City

Fort Lauderdale

FL

Zip Code

33301

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.

\$150,485.00

10. Amount of Capital Contributions
in FLORIDA to date.

121985.00

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 # **P93000048845**
NAME **SUNSET POINTE AT SILVER LAKES ASSOC., INC.**
STREET ADDRESS **1233 SW 177TH TERR**
CITY - ST - ZIP **PEMBROKE PINES FL 33029**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **17314 SW 12th Street**
CITY - ST - ZIP **Pembroke Pines, FL 33029**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

400003204894--8
04/11/00 01148 000
*****526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
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:

Signature of Peter M. Hodkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

3/28/00

Daytime Phone #

954-437-1213

CR2E003 (9/99)