

# 2002 UNIFORM BUSINESS REPORT (UBR)

001140 AT

DOCUMENT # **A94000001275**

1. Entity Name

**TREASURE COVE OF DANIA, LTD.**

FILED

02 MAY -6 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**888 SOUTHEAST THIRD AVENUE, SUITE 501  
FORT LAUDERDALE FL 33316**

Mailing Address  
**888 SOUTHEAST THIRD AVENUE, SUITE 501  
FORT LAUDERDALE FL 33316**

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 **65-0522860**

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

**BERGER, SHAPIRO & DAVIS, P.A.  
100 NORTHEAST THIRD AVENUE, SUITE 400  
FORT LAUDERDALE FL 33301**

Name **FORMAN, M. AUSTIN**

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

**888 SE THIRD AVE, SK 501**

City **FT LAUDERDALE FL** Zip Code **33316**

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. **\$90.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **373822**  
NAME **AMERICAN MARKETING & MANAGEMENT, INC.**  
STREET ADDRESS **888 SOUTHEAST THIRD AVENUE, SUITE 501**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)