

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001850

FILED

1. Entity Name

ATRIUM HOLLYWOOD APARTMENTS, LTD.

00 JAN 24 PM 1:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**2525 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

Mailing Address
**2525 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020-6622**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0543038**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATRIUM HOLLYWOOD APARTMENTS, INC.
2525 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

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.

\$857,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	P94000092871
NAME	ATRIUM HOLLYWOOD APARTMENTS, INC.
STREET ADDRESS	2525 HOLLYWOOD BOULEVARD
CITY - ST - ZIP	HOLLYWOOD FL 33020
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	100003114021--2
CITY - ST - ZIP	-01/28/00-01022 022 ****526.25 ****526.25
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan. 13, 2000

Date

**959
922-6410**

Daytime Phone #