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FEB-24-95 FRI 12:12 RUBEN BARNETT

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2/24/95

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

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ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: RUDEN, BARNETT, MCCLOSKEY, ET AL,
200 E BROWARD BLVD
PO BOX 1900
FT LAUDERDALE FL 33302-

CONTACT: ANNE MARIE LA FERLA
PHONE: (305) 764-6660
FAX: (305) 764-4996

((H95000002213)))

DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP

NAME: UNIQUE ASTOR, LTD
FAX AUDIT NUMBER: H95000002213
DATE REQUESTED: 02/24/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 5
ESTIMATED CHARGE: \$140.00

CURRENT STATUS: REQUESTED

TIME REQUESTED: 11:29:57

CERTIFICATE OF STATUS: 0

METHOD OF DELIVERY: FAX

ACCOUNT NUMBER: 076077000521

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

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** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

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FILED
1995 FEB 24 PM 3:50
TALLAHASSEE, FLORIDA

2/24/95 PM 3:17

CHIEF

FEB-24-95 FRI 14:16 RUDEN BARNETT

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CERTIFICATE OF LIMITED PARTNERSHIP
OF
UNIQUE ASTOR, LTD.

FILED
1995 FEB 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, does hereby execute and file with the Secretary of State of Florida this Certificate of Limited Partnership, as follows:

1. The name of the limited partnership ("Partnership") is Unique Astor, Ltd.
2. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.105 of the Florida Revised Uniform Limited Partnership Act (the "Act") is 490 East Palmetto Park Road, Suite 110, Boca Raton, Florida, 33432.
3. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is Dennis Max, 490 East Palmetto Park Road, Suite 110, Boca Raton, Florida, 33432.
4. The name and business address of each General Partner of the Partnership is as follows:

GENERAL PARTNER

Unique Astor, Inc.

BUSINESS ADDRESS

490 East Palmetto Park Road,
Suite 110
Boca Raton, Florida 33432

095000002213

FTL 11-708 1

Prepared by:

Michael H. Krul, Esq., FL Bar #0196954
Ruden Barnett, Et Al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

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5. A mailing address for the Partnership is as follows:

Unique Astor, Inc.
490 East Palmetto Park Road
Suite 110
Boca Raton, Florida 33432

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95 FEB 24 PM 3 50
TALLAHASSEE, FLORIDA

6. The latest date upon which the Partnership is to dissolve is December 31, 2025, unless terminated sooner in accordance with the provisions of the Limited Partnership Agreement.

7. An affidavit as to capital contributions of the limited partners is submitted herewith and hereby incorporated herein by reference.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal to this Certificate this 12 day of February, 1995.

GENERAL PARTNER:

UNIQUE ASTOR, INC.

By: *Dennis Max*
Dennis Max, President

H95000002213

FTL: 0010811

Prepared by:

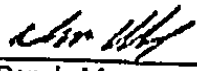
Michael H. Krul, Esq., FL Bar #0196954
Ruden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

R95000002213

ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT

THE UNDERSIGNED, named as the agent for service of process in paragraph three of the Certificate of Limited Partnership of Unique Astor, Ltd., hereby accepts the appointment as such registered agent, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under, the Florida Revised Uniform Limited Partnership Act.

DATED this 12 day of February, 1995.


Dennis Max

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1995 FEB 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FTL: 16708 1

Prepared by:

Michael H. Krul, Esq., FL Bar #0196954
Ruden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

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AFFIDAVIT DECLARING AMOUNT OF
CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS OF
UNIQUE ASTOR, LTD.

FILED
1985 FEB 24 PM 3 50
TALLAHASSEE, FLORIDA

The undersigned, constituting the sole General Partner of Unique Astor, Ltd., (the "Partnership"), a Florida limited partnership, certifies as follows:

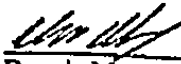
Upon the formation of the Partnership, the limited partners' contributions of cash and property to the Partnership have a value of \$100. No additional capital contribution is anticipated to be made by the limited partners.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

UNIQUE ASTOR, INC.,
a General Partner

By: 
Dennis Max, President

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FILED-24-08 3

Prepared by:

Michael H. Krul, Esq., FL Bar #0196954
Ruden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Mathias
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

UNIQUE ASTOR, LTD.

1a. DOCUMENT #
A95000000266

2. Mailing Address

490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

2a. Post Office Address

490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

3. Date Formed or Registered to do Business in

FLORIDA
02/24/1995

3a. Date of Last Report

FLORIDA
02/24/1995

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on Record

\$100.00

5b. Amount of Capital Contributions on Florida Record

100.00

6. Filing Number

65-05729312

7. CERTIFICATE OF STATUS REQUIRED

Not Applicable

8. FEES: 1) Filing Fee. Computed at a rate of \$2 per \$1,000 on amount entered in 5a or 5b if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.

2) Supplemental Fee. \$136.75 (pursuant to section 607.103, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$136.75) AND NO MORE THAN \$570.25 (\$437.50 + \$136.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

MAX, DENNIS
490 EAST PALMETTO PARK RD.
SUITE 110
BOCA RATON FL 33432

10. Registered and Registered Agent Office

Name

Street Address (If not Box 1, is that acceptable?)

City, State & Zip Code

City

Zip Code

FL

10a. Pursuant to the provisions of sections 607.103 and 607.104, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, given this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby, accept the appointment of registered agent, limited partner(s), and accept the obligations of section 607.103, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

UNIQUE ASTOR, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

490 EAST PALMETTO PAR

11b. City, State & Zip Code

BOCA RATON FL 33432

11c. Filing Station/Document Number

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of section 607.103, Florida Statutes. I declare the Division of Corporations, from any liability of use or publication with respect to the information supplied, is deemed exempt from publication. Further, I certify that the information indicated on this report is true and correct and that the signature shall have the same legal effect as if the signature were made by the general partner(s) of the limited partnership. I declare that I am a general partner of the limited partnership, trustee or trustee-in-fiduciary of the limited partnership, or registered agent of the limited partnership.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Dennis Max

DATE

12/28/95

Telephone Number

407-392-0611