

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001915**

1. Entity Name
SAMAT REALTY, LTD.

APPROVED
AND
FILED

00 MAR 21 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6377 HEARTLAND CIRCLE
TALLAHASSEE FL 32312**

Mailing Address
**6377 HEARTLAND CIRCLE
TALLAHASSEE FL 32312-7528**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0650604

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

**ATKINS, JAMES S
6377 HEARTLAND CIRCLE
TALLAHASSEE FL 32312**

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 **JAMES S. ATKINS**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record:

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

100.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #
NAME: **SAMA, CARLOS A**
STREET ADDRESS
CITY - ST - ZIP **271 EAST FIRST AVENUE
HIALEAH FL 33010**

STREET ADDRESS

CITY - ST - ZIP

700003195827--8

DOCUMENT #
NAME: **ATKINS, JAMES S**
STREET ADDRESS
CITY - ST - ZIP **6377 HEARTLAND CIRCLE
TALLAHASSEE FL 32312**

STREET ADDRESS

CITY - ST - ZIP

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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:

JAMES S. ATKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

850-894-3756

CR2E003 (9/99)