

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013362 AF

**DOCUMENT #** A96000000093  
**1. Entity Name**  
 OCEAN VIEW ASSOCIATES OF BROWARD, LTD.

FILED

00 JAN 10 PM 3:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business** 741 N.W. 43RD AVENUE  
 COCONUT CREEK FL 33066  
**Mailing Address** 741 N.W. 43RD AVENUE  
 COCONUT CREEK FL 33066-1509

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.  
**City & State**  
**Zip** **Country**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-1868435  
 Applied For Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 BIRD, KEITH  
 741 N.W. 43RD AVENUE  
 COCONUT CREEK FL 33066

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$263,200.00

**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BIRD, KEITH 741 N.W. 43RD AVENUE COCONUT CREEK FL 33066
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13. ADDRESS CHANGES ONLY	
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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:** *Keith Bird*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-6-2000 954-972-3070  
 Date Daytime Phone #