

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000189**

1. Entity Name

PORT 95-3, LTD.

Principal Place of Business

**C/O THE KELSEY GROUP
1812 S.W. 31ST AVENUE
PEMBROKE PARK FL 33009**

Mailing Address

**C/O THE KELSEY GROUP
1812 S.W. 31ST AVENUE
PEMBROKE PARK FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**KELSEY, CHARLES M JR.
1812 S.W. 31ST AVENUE
PEMBROKE PARK FL 33009**

FILED

01 JUN -7 PM 12:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0638667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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:

\$650,000.00

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

DOCUMENT # **P96000007612**
NAME **KELSEY PORT 95-3, INC.**
STREET ADDRESS **1812 S.W. 31ST AVENUE**
CITY-ST-ZIP **PEMBROKE PARK FL 33009**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 640, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)