

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000000445**

1. Entity Name

**MELENA DEL SUR LIMITED PARTNERSHIP**

**FILED**

01 APR 27 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**340 ROYAL POINCIANA PLAZA, SUITE 316  
PALM BEACH FL 33480**

Mailing Address  
**340 ROYAL POINCIANA PLAZA, SUITE 316  
PALM BEACH FL 33480**

2. Principal Place of Business  
**One North Clematis Street**

3. Mailing Address  
**One North Clematis Street**

Suite, Apt. #, etc.  
**Second Floor**

Suite, Apt. #, etc.  
**Second Floor**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

4. FEI Number  
**65-0804895**

Applied For  
☐ Not Applicable

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

**KLOCK, JOSEPH P JR.  
200 SOUTH BISCAYNE BLVD., SUITE 4000  
MIAMI FL 33131-2398**

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

**04.25.01**

9. Capital Contributions  
as Shown on record. **\$2,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$2,000.00**

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 # **P96000020616**  
NAME **MELENA DEL SUR MANAGEMENT COMPANY**  
STREET ADDRESS **340 ROYAL POINCIANA PLAZA, SUITE 316**  
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS **One North Clematis Street, Second Floor**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **500004138565--4**  
CITY-ST-ZIP **-05/07/01--01051--018  
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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**  
**Joseph P. Klock, Jr., Secretary, Melena Del Sur Management Company**

**04.25.01**

**305.577.2877**

Date Daytime Phone #

CR2E003 (11/00)