

2002 UNIFORM BUSINESS REPORT (UBR)

141.25
FILED

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DOCUMENT # A96000000445

1. Entity Name

MELENA DEL SUR LIMITED PARTNERSHIP

02 MAR 27 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ONE NORTH CLEMATIS STREET, 2ND FLOOR
WEST PALM BEACH FL 33401

ONE NORTH CLEMATIS STREET, 2ND FLOOR
WEST PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0804895

Applied For

Not Applicable

Zip

Country

Zip

Country

33402

Palm Beach

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.

DATE

9. Capital Contributions as Shown on record.

\$2,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000020616
NAME MELENA DEL SUR MANAGEMENT COMPANY
STREET ADDRESS ONE NORTH CLEMATIS STREET, 2ND FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

MELENA DEL SUR MANAGEMENT COMPANY, GP

SIGNATURE: By:

[Signature]

2/6/02

305 577-7000

2877

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STATE OF FLORIDA