

2002 UNIFORM BUSINESS REPORT (UBR)

0012023 AT

DOCUMENT # **A96000000869**

1. Entity Name

FLEMINGTON HEIGHTS LIMITED PARTNERSHIP

FILED

2002 APR 12 PM 4:56

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business

**6242 BRAVA WAY
BOCA RATON FL 33433**

Mailing Address

**C/O RITA TILDEN
6242 BRAVA WAY
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3417648

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILDEN, RITA
6242 BRAVA WAY
BOCA RATON FL 33433**

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.

\$1,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**TILDEN, RITA
6242 BRAVA WAY
BOCA RATON FL 33433**

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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

SIGNATURE:

Rita Tilden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-5-2002 561-338-9603
Date Daytime Phone #

CP2E003 (9/01)