

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000911**

1. Entity Name

ASHTON-PALMETTO PALMS, LTD

FILED

01 AUG 27 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

701 PENNSYLVANIA AVENUE, N.W.
SUITE 1121
WASHINGTON DC 20004

701 PENNSYLVANIA AVENUE, N.W.
SUITE 1121
WASHINGTON DC 20004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

65-0664824

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

WEISZ, MICHAEL O ESQ.
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33130

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

\$356,400.00

10. Amount of Capital Contributions

as Shown on record 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 # **P96000039464**
NAME **ASHTON-PALMETTO PALMS, INC.**
STREET ADDRESS **701 PENNSYLVANIA AVENUE, N.W., #1121**
CITY-ST-ZIP **WASHINGTON DC 20004**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Signature] **7/27/01** **305-6242999**

CR2E003 (5/01)

STATE CHECK HERE