

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000911**

1. Entity Name

ASHTON-PALMETTO PALMS, LTD

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

3493 NW 167th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FLA

Zip

Country

Zip

Country

33056

USA

4. FEI Number

65-0664824

Applied For

Not Applicable

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

**WEJSZ, 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.

DATE

9. Capital Contributions
as Shown on record.

\$356,400.00

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 # **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

~~ASHTON-PALMETTO PALMS, INC.~~
3493 NW 167th STREET
MIAMI, FLA 33056

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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: **H. J. [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/16/02 (305) 624-2999

APPROVED
AND
FILED

02 MAR 18 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E003 (9/01)

STAPLE CHECK HERE