

2001 UNIFORM BUSINESS REPORT (UBR)

0006473 AF

DOCUMENT # **A96000001003**

1. Entity Name
STILES THIRD AVENUE, LTD.

FILED

01 APR 30 PM 3:53

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

Mailing Address
**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

2. Principal Place of Business
300 SE 2nd Street

3. Mailing Address
300 SE 2nd Street

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33301

Country

4. FEI Number
65-0669327

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUKE, BRYAN W ESQ.
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name
Patricia Jones

Street Address (P.O. Box Number is Not Acceptable)
c/o Stiles Corporation

300 SE 2nd Street

City
Ft. Lauderdale, FL Zip Code
33301

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 *Patricia Jones* **2/21/01**
Signature typed or printed name of registered agent and date if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **812,720.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 6,270.00**

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

DOCUMENT # **P96000043595**
NAME **STILES THIRD AVENUE, INC.**
STREET ADDRESS **6400 NORTH ANDREWS AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **300 SE 2nd Street**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **FF 1/41.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **3000004219323-2**
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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: *Patricia Jones* **2/21/01** **954/627-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Patricia Jones

CR2E003 (1/00)