

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A96000001003

**1. Entity Name**  
STILES THIRD AVENUE, LTD.

FILED

02 APR 23 PM 3: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
300 SE 2ND STREET  
FORT LAUDERDALE FL 33301

**Mailing Address**  
300 SE 2ND STREET  
FORT LAUDERDALE FL 33301



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**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**

JONES, PATRICIA  
300 SE 2ND STREET  
FORT LAUDERDALE FL 33301

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$6,270.00**

**10. Amount of Capital Contributions** in FLORIDA to date. **\$7,570.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000043595	STREET ADDRESS	
NAME	STILES THIRD AVENUE, INC.	CITY-ST-ZIP	000005430460--5 -05/02/02--01037--006 ****141.74 ****141.74
STREET ADDRESS	300 SE 2ND STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	CITY-ST-ZIP	FF 8141 74
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** **2/01/02** **954-627-9300**  
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)