

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001436**

1. Entity Name

T.T. MORENO VALLEY ASSOCIATES, LTD.

FILED

Principal Place of Business

**ONE PARK PLACE
621 N.W. 53RD STREET, SUITE 450
BOCA RATON FL 33487**

Mailing Address

**ONE PARK PLACE
621 N.W. 53RD STREET, SUITE 450
BOCA RATON FL 33487**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

Florida

3. Mailing Address

621 N.W. 53rd St. #450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

Boca Raton FL

City & State

Zip

Country

33487 USA

4. FEI Number

65-0772924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, IRA
ONE PARK PLACE
621 N.W. 53RD STREET, SUITE 450
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name

N/A

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

Ira L. Young

8/9/01

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

DOCUMENT # **P96000064297**
NAME **T.T. GP HOLDINGS, INC.**
STREET ADDRESS **621 N.W. 53RD STREET, SUITE 450**
CITY-ST-ZIP **BOCA RATON FL 33487**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**000004553130--8
-08/24/01--01006--018
***550.00 ***550.00**

CITY-ST-ZIP

STREET ADDRESS

Lp-461.25

CITY-ST-ZIP

Adm-888.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

8.9.2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)