

2002 UNIFORM BUSINESS REPORT (UBR)

0001412 AV

DOCUMENT # A96000001518

1. Entity Name

PALM & TOWER INVESTMENTS, LTD.

FILED

02 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

%DE LA CRUZ & CUTLER, P.A.
241 SEVILLA AVE., SUITE 805
CORAL GABLES FL 33134

Mailing Address

%DE LA CRUZ & CUTLER, P.A.
241 SEVILLA AVE., SUITE 805
CORAL GABLES FL 33134

2. Principal Place of Business

95 Merrick Way
Suite, Apt. #, etc.
Suite 440

3. Mailing Address

95 Merrick Way
Suite, Apt. #, etc.
Suite 440

DUE BY MAY 1, 2002

City & State

Coral Gables, FL
Zip 33134 Country USA

City & State

Coral Gables, FL
Zip 33134 Country USA

4. FEI Number

65-0734939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS F JR.
DE LA CRUZ & CUTLER, P.A.
241 SEVILLA AVE., SUITE 805
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

95 Merrick Way
Suite 440

City

Coral Gables, FL

Zip Code

33134

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.

\$153,000.00

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 # P96000065230
NAME PALM & TOWER CORP.
STREET ADDRESS 241 SEVILLA AVE., SUITE 805
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

95 Merrick Way, Suite 440
Coral Gables, FL 33134

CITY-ST-ZIP

STREET ADDRESS

000005554250-0

CITY-ST-ZIP

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DOCUMENT #
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE