

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001529

1. Entity Name

CAROL CITY GARDEN APARTMENTS, LTD.

FILED

00 JAN 31 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8585 SUNSET DRIVE, WEST ATRIUM  
MIAMI FL 33143

Mailing Address

8585 SUNSET DRIVE, WEST ATRIUM  
MIAMI FL 33143-3746

2. Principal Place of Business

3. Mailing Address

6800 SW 40th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 405

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33155

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0687566

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, KEITH

8585 SUNSET DRIVE, WEST ATRIUM

MIAMI FL 33143

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$300,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000046401  
NAME CAROL CITY GARDEN APARTMENTS, INC.  
STREET ADDRESS 8585 SUNSET DRIVE, WEST ATRIUM  
CITY - ST - ZIP MIAMI FL 33143

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KEITH T. Ward

Date

Daytime Phone #

1-5-00

(305) 595-8237