

2001 UNIFORM BUSINESS REPORT (UBR)

008935 AF

DOCUMENT # **A96000001897**

1. Entity Name

THE PALMS APARTMENTS OF WEST PALM BEACH, LTD.

FILED

01 JAN 29 AM 11: 52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**10718 KIRKALDY LANE
BOCA RATON FL 33498**

Mailing Address

**10718 KIRKALDY LANE
BOCA RATON FL 33498**

2. Principal Place of Business

4800 NORTH FEDERAL HWY.

Suite, Apt. #, etc.

SANCTUARY CENTRE, STE D-100

City & State

BOCA RATON, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

33431 USA

4. FEI Number **65-0700917**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LICHTMAN, JONATHAN J P.A.
10718 KIRKALDY LANE
BOCA RATON FL 33498**

**ADDRESS
CHANGE
ONLY**

7. Name and Address of New Registered Agent

Name **JONATHAN J. LICHTMAN, P.A.**

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

4800 NORTH FEDERAL HIGHWAY.

SANCTUARY CENTRE, SUITE D-100

City **BOCA RATON**

FL

Zip Code **33431**

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.

JON LICHTMAN, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

9. Capital Contributions as Shown on record.

\$1,100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$580,000.00

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 # **P96000083709**
NAME **PL APARTMENTS, INC.**
STREET ADDRESS **10718 KIRKALDY LANE**
CITY-ST-ZIP **BOCA RATON FL 33498**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

100003661261--1

CITY-ST-ZIP

-02708701--01034--018

******526.25 ****526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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

BY: PL APARTMENTS, INC., GEN. PARTNER

SIGNATURE:

JON LICHTMAN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1/12/01

Daytime Phone #

(561) 442-0012

CR2E003 (11/00)