

2001 UNIFORM BUSINESS REPORT (UBR)

000430 AF

DOCUMENT # **A96000001901**

1. Entity Name

PELICAN HARBOUR APARTMENTS, LTD.

FILED

Principal Place of Business

**7950 NE BAYSHORE CT
MIAMI FL 33138**

Mailing Address

**7950 NE BAYSHORE CT
MIAMI FL 33138**

01 FEB -5 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

900 Bay Drive PH2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

4. FEI Number

65-0703451

Applied For

Not Applicable

Zip

Country

US

Zip

33141

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERSON, JUDITH S
900 BAY DR., L9
MIAMI BEACH FL 33141**

Name

Street Address P.O. Box Number is Not Acceptable

900 Bay Drive PH2

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.

\$100.00

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 # **P96000084101**
NAME **PELICAN HARBOUR MANAGMENT, INC.**
STREET ADDRESS **900 BAY DRIVE, SUITE L-9**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

STREET ADDRESS **900 Bay Drive PH2**
CITY-ST-ZIP

3000003673303-5
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/9/01 305 757 5722

CR2E003 (11/00)