

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001954

1. Entity Name
7155 NW 2ND CT, LTD.

FILED

00 APR 13 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3602

Mailing Address
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3655

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0704603
☐ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
7155 NW 2ND CT, L.C.
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3602

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. \$760,000.00 **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 #	L96000001099	STREET ADDRESS	500003225215--2 -04/26/00--01085--004 ****526.25 ****526.25	
NAME	7155 NW 2ND CT, L.C.	CITY - ST - ZIP		
STREET ADDRESS	419 WEST 49TH STREET, #106	STREET ADDRESS		
CITY - ST - ZIP	HIALEAH FL 33012-3602	CITY - ST - ZIP		
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS		STREET ADDRESS		
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NAME		CITY - ST - ZIP		
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DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		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 James Q Fish 1/10/00 305-556 6627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/96)