

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003979 AF

DOCUMENT # A96000002212

1. Entity Name

HEADWAY 441 ASSOCIATES, LTD.

FILED

00 APR -6 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 155 S. MIAMI AVE., SUITE 1150 MIAMI FL 33130	Mailing Address 155 S. MIAMI AVE., SUITE 1150 MIAMI FL 33130-1609
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2. Principal Place of Business 155 S. Miami Ave Suite, Apt. #, etc. Suite PH-2A City & State	3. Mailing Address 155 S. Miami Ave Suite, Apt. #, etc. Suite PH-2A City & State
Zip	Country

4. FEI Number 13-3921902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KRINSKY, JEFF  
155 S. MIAMI AVE., SUITE 1150  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
155 S. Miami Ave., Suite PH-2A

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.

X SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000097884 PANTHER 441, INC. 155 S. MIAMI AVE., SUITE 1150 MIAMI FL 33130	STREET ADDRESS CITY - ST - ZIP	155 S. Miami Ave., Suite PH-2A
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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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

4/300  
Date

Daytime Phone #