

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



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

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 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3921902**

Applied For
Not Applicable

5. Certificate of Status Desired **\$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.

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**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000097884 PANTHER 441, INC. 155 S. MIAMI AVE., SUITE 1150 MIAMI FL 33130
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	155 S. Miami Ave., Suite PH-2A
STREET ADDRESS CITY - ST - ZIP	500003217825--8 04/20/00 01115-016 *****526.25 *****526.25
STREET ADDRESS CITY - ST - ZIP	
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

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/20** Daytime Phone #