

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A97000000254**

1. Entity Name  
**SUGAR HILL APARTMENTS, LTD.**

Principal Place of Business  
**8500 N.W. 25 AVENUE  
MIAMI FL 33147**

Mailing Address  
**8500 N.W. 25 AVENUE  
MIAMI FL 33147-4177**

*mf 3/29*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASHINGTON, LYNN C  
% HOLLAND & KNIGHT  
701 BRICKELL AVE., SUITE 3000  
MIAMI FL 33147**

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. **\$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 # **714512**  
NAME **THE URBAN LEAGUE OF GREATER MIAMI, INC**  
STREET ADDRESS **8500 N.W. 25 AVENUE**  
CITY - ST - ZIP **MIAMI FL 33147**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*02/25/00*  
Date Daytime Phone #

CR2E013 (9/99)