

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003513 1A

**DOCUMENT # A97000000259**

1. Entity Name  
**HOWARD PARK, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 PM 1:57

Principal Place of Business  
1615 N.W. FIRST AVENUE  
FLORIDA CITY FL 33034

Mailing Address  
1615 N.W. FIRST AVENUE  
FLORIDA CITY FL 33034-2204



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0799747**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLAYTON, LOVEY**  
1615 NW FIRST AVENUE  
FLORIDA CITY FL 33034

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 \_\_\_\_\_  
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. **\$710,361.00**

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 #	<b>CLAYTON, LOVEY A97000000259</b>	STREET ADDRESS	<del>500003171125</del>
NAME	<b>1615 NW FIRST AVENUE</b>	CITY - ST - ZIP	<del>-03/15/00--01003--006</del>
STREET ADDRESS	<b>FLORIDA CITY FL 33034</b>		<del>***852.50 ***535.00</del>
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	<b>CLAYTON, DAVID</b>	CITY - ST - ZIP	
NAME	<b>1615 NW FIRST AVENUE</b>	STREET ADDRESS	
STREET ADDRESS	<b>FLORIDA CITY FL 33034</b>	CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Howard Park LTD. JIP Amy Clayton Date: 02/23/00 Daytime Phone #: 305 248 2532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER