

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001896 AV

DOCUMENT # A97000000745

1. Entity Name  
PLANTATION TOWNE - WASERSTEIN, LTD.



FILED

03 APR 29 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED



Principal Place of Business  
1655 DREXEL AVENUE, SUITE 208  
MIAMI BEACH FL 33139

Mailing Address  
1655 DREXEL AVENUE, SUITE 208  
MIAMI BEACH FL 33139

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 65-0745776

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASERSTEIN, LIBA  
1655 DREXEL AVENUE, SUITE 212  
MIAMI BEACH FL 33139

Name Carlos Waserstein

Street Address (P.O. Box Number is Not Acceptable)

1655 Drexel Ave #212

City Miami Beach FL Zip Code 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

3/20/03

DATE

9. Capital Contributions  
as Shown on record. \$643,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P97000025253  
NAME PLANTATION TOWNE - WASERSTEIN, INC.  
STREET ADDRESS 1655 DREXEL AVENUE, SUITE 208  
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

200017229492

04/29/03 01014 014 \*\*535.00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/03

305-672-7741

Date

Daytime Phone #

CR2E003 (10/02)