

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000000934

1. Entity Name
KW POMPANO SQUARE LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 11:02



Principal Place of Business
ONE POMPANO SQUARE
POMPANO BEACH FL 33062

Mailing Address
ONE POMPANO SQUARE
POMPANO BEACH FL 33062

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 52-2031517 **Applied For**
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RADTKE, JERRY
POMPANO SQUARE MALL
ONE POMPANO SQUARE
BOCA RATON FL 33062

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. **\$1,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000037849 KW POMPANO, INC. ONE POMPANO SQUARE POMPANO BEACH FL 33062	STREET ADDRESS CITY-ST-ZIP	000003456430--2 11/07/00 01141 013 *****641.25 *****641.25
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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: **DATE** 9/27/00 **Daytime Phone #** 650-266-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (5/00)