

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000937**

1. Entity Name

**MSE ASPEN HOLDINGS, LTD.**

Principal Place of Business

**333 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301**

Mailing Address

**333 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

**110 E Broward Blvd**

3. Mailing Address

**P.O. Box 029006**

Suite, Apt. #, etc.

**Suite 1400**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

City & State

**Fort Lauderdale, FL**

Zip

**33301**

Country

**USA**

Zip

**33302**

Country

**USA**

4. FEI Number

**65-0747447**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, DENNIS D ESQ.**

**110 SE 6TH ST., 15TH FLOOR**

**FT. LAUDERDALE FL 33301**

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.

**\$990.00**

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 # **P97000037880**  
NAME **MSE ASPEN HOLDINGS, INC.**  
STREET ADDRESS **333 E. LAS OLAS BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **110 E Broward Blvd, Suite 1400**  
CITY-ST-ZIP **Fort Lauderdale FL 33301**

DOCUMENT #		STREET ADDRESS	
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**-05/08/01--01102--039**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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**  
**MSE Aspen Holdings, Inc. as G.P.**  
**4/23/01 (95A) 76A-5949**  
Daytime Phone #

0006111 AF

CR2E003 (11/00)

FILED  
01 APR 24 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE