

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001253**

1. Entity Name

STILES PROPERTY #3, LTD.

Principal Place of Business

**C/O WHITE & CASE
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131**

Mailing Address

**6400 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309-2172**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6400 N. Andrews Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

4. FEI Number

65-0773119

Applied For

Not Applicable

Zip

33309

Country

Broward

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

DUKE, BRYAN W

C/O STILES CORPORATION

6400 N. ANDREWS AVENUE, 5TH FLOOR

FORT LAUDERDALE FL 33309

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.

\$30,600.00

10. Amount of Capital Contributions
in FLORIDA to date.

30,600

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 # **P96000101542**
NAME **FORT LAUDERDALE INVESTMENT PARTNERSHIP, INC**
STREET ADDRESS **6400 N. ANDREWS AVENUE**
CITY - ST - ZIP **FORT LAUDERDALE FL 33309**

STREET ADDRESS

CITY - ST - ZIP

700003273467-8
-06/01/00--01054--001
*****302.95 ***302.95**

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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 REQUIRED

2/17/00

954/776-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROCCO FERRERA, VP

Date

Daytime Phone #