

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002410
AV

DOCUMENT # A97000001253

1. Entity Name
STILES PROPERTY #3, LTD.

02 APR 19 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**300 S.E. 2ND STREET
FORT LAUDERDALE FL 33301**

Mailing Address
**300 S.E. 2ND STREET
FORT LAUDERDALE FL 33301**



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

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

City & State

DUE BY MAY 1, 2002

4. FEI Number **65-0773119**

Applied For
Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

**JONES, PATRICIA W
C/O STILES CORPORATION
300 S.E. 2ND STREET
FORT 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$30,600.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$30,600.00**

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 # | P96000101542 |
| NAME | FORT LAUDERDALE INVESTMENT PARTNERSHIP, INC |
| STREET ADDRESS | 300 S.E. 2ND STREET |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | 600005361466--9 |
| STREET ADDRESS | 04/29/02 01007 017 |
| CITY-ST-ZIP | ****302.95 ****302.95 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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: **2/01/02 954-627-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)