

2000 UNIFORM BUSINESS REPORT (UBR)

CTD

DOCUMENT #

A97000001769

1. Entity Name

N.E. Apartments Associates, LTD

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 9:15

Principal Place of Business

4131 SW 37 Ave
Miami FL 33133

Mailing Address

4131 SW 37 Ave
Miami FL 33133

2. Principal Place of Business

4131 SW 37 Ave

3. Mailing Address

4131 SW 37 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0790501

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

Nicholas E. Ekonomou
4131 SW 37 Avenue
Miami FL 33133

7. Name and Address of New Registered Agent

Name

Nicholas E. Ekonomou

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

4131 SW 37 Avenue

City

Miami FL

FL

Zip Code

33133

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

Nicholas E. Ekonomou

Signature, typed or printed name of registered agent and title if applicable

Nicholas Ekonomou

(NOTE: Registered Agent signature required when reinstating)

2-18-00

DATE

9. Capital Contributions
as Shown on record.

99.00

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 #
NAME NE Apartments Assoc, Inc
STREET ADDRESS Nicholas E. Ekonomou
CITY-ST-ZIP 4131 SW 37 Avenue 3087 Shipping
Miami FL 33133 Ave.

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4131 SW 37 Ave

CITY-ST-ZIP

Miami FL 33133

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ny 3/22/00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600003183366-2

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

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:

Nicholas E. Ekonomou

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-18-00 (305) 860-1400