

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001869**

Entity Name

400 SOUTH OCEAN BLVD., LTD.

FILED

00 FEB -3 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
N. FEDERAL HWY., #200
BOCA RATON FL 33432

Mailing Address
980 N. FEDERAL HWY., #200
BOCA RATON FL 33432-2704

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0779339

Applied For

Not Applicable

Country

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

RUSSELL T
HMAN, SENTERFITT & EIDSON, P.A.
SOUTH FLAGLER DRIVE, SUITE 900 E. TOW.
ST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Contributions
in record.

\$0.00

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.

GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

P97000074851
400 SOUTH OCEAN BLVD., INC.
5333 COLLINS AVENUE, SUITE 707
MIAMI BEACH FL 33140

STREET ADDRESS

980 N., Federal Highway #200

CITY - ST - ZIP

Boca Raton, Fl 33432

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

400003127634-9

-02/08/00--01098--007

****141.25 ****141.25

I 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 in 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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

URE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

400 S. Ocean Blvd. Inc. Russell T. Hman