

# 2001 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # A97000002102

1. Entity Name

CBRS REALTY, LTD.

Principal Place of Business

24 BERMUDA LAKE DRIVE  
PALM BEACH GARDEN FL 33418

Mailing Address

24 BERMUDA LAKE DRIVE  
PALM BEACH GARDEN FL 33418

FILED  
01 OCT -9 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

4521 PGA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 269

City & State

City & State

PALM BEACH GARDENS FL 33418

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

65-0783092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, STEVEN  
24 BERMUDA DRIVE  
PALM BEACH GARDENS FL 33418

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.

\$199,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000083667  
NAME CBRS REALTY, INC.  
STREET ADDRESS 24 BERMUDA LAKE DRIVE  
CITY-ST-ZIP PALM BEACH GARDEN FL 33418

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/7/01

Date

5617997300

Daytime Phone #

CR2E003 (5/01)