

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A97000002138

1. Entity Name

ENCON ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

C/O GIBRALTER PROPERTIES, INC.
415 HIGHLAND AVENUE
RIDGEWOOD NJ 07450

Mailing Address

C/O GIBRALTER PROPERTIES, INC.
415 HIGHLAND AVENUE
RIDGEWOOD NJ 07450-4813

Doc# 000000073172 -

1.0 & 11-2328892

2. Principal Place of Business

12 BRUNSWICK ROAD

3. Mailing Address

12 BRUNSWICK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MONTCLAIR NJ 07042

City & State

MONTCLAIR NJ 07042

Zip

07042

Country

Zip

07042

Country

U.S.A

4. FEI Number

22-3544966

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, PAULINE A
17-73RD STREET NORTH
ST. PETERSBURG FL 33710

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.

\$10,000.00

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

DOCUMENT # F00000003172
NAME GIBRALTER PROPERTIES, INC.
STREET ADDRESS 415 HIGHLAND AVENUE
CITY - ST - ZIP RIDGEWOOD NJ 07450

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

913-883-1030

Daytime Phone #

FILED 4/8/15
00 AUG -9 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)

\$158.75-AR
\$8.75-CUS