

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002193**

1. Entity Name

WESTWOOD PARC ASSOCIATES, LTD.

Principal Place of Business

**C/O BASIC CAPITAL MANAGEMENT, INC.
10670 N CENTRAL EXPRESSWAY, SUITE 600
DALLAS TX 75231**

Mailing Address

**C/O BASIC CAPITAL MANAGEMENT, INC.
10670 N CENTRAL EXPRESSWAY, SUITE 600
DALLAS TX 75231**

2. Principal Place of Business

1800 Valley View

3. Mailing Address

1800 Valley View

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dallas, Tx

City & State

Dallas, TX

01 MAR 15 AM 11:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2731093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$990.00

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 # **F98000002299**
NAME **ART FLORIDA PARTNERS II, INC.**
STREET ADDRESS **10670 N CENTRAL EXPRESSWAY, SUITE 600**
CITY-ST-ZIP **DALLAS TX 75231**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1800 Valley View

CITY-ST-ZIP

Dallas, TX 75234

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

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

Robert A. Waldman, Secretary

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Florida Partners II,
Inc.**

2/27/01

Date

469-522-4200

Daytime Phone #

CR2E003 (11/00)