

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010023 AT

DOCUMENT # **A97000002388**

1. Entity Name  
**A&R HOLLYWOOD, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -2 AM 11:00

4/8

Principal Place of Business  
~~1 CASUARINA CONCOURSE~~  
**CORAL GABLES FL 33143**

Mailing Address  
~~1 CASUARINA CONCOURSE~~  
**CORAL GABLES FL 33143**



2. Principal Place of Business

**2333 Ponce de Leon Blvd**  
Suite, Apt. #, etc.  
**600**

3. Mailing Address

**2333 Ponce de Leon Blvd**  
Suite, Apt. #, etc.  
**600**

DUE BY MAY 1, 2003

City & State

**CORAL GABLES FL**

City & State

**CORAL GABLES FL**

4. FEI Number **65-0796420**

Applied For  
Not Applicable

Zip  
**33034**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HABER, LEWIS & PATHMAN, LLP**  
**ONE BISCAYNE TOWER, SUITE 3660**  
**2 SOUTH BISCAYNE BLVD.**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**MICHELLE AUSTIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**2333 Ponce de Leon**  
**Suite # 600**  
City  
**CORAL GABLES FL 33034**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michelle Austin*  
Signature, typed or printed name of registered agent and title if applicable.

**MICHELLE AUSTIN**

**3-25-03**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,100,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P97000093726**  
NAME **A&R HOLLYWOOD, INC.**  
STREET ADDRESS **1 CASUARINA CONCOURSE**  
CITY-ST-ZIP **CORAL GABLES FL 33143**

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS  
CITY-ST-ZIP

**200015178692**  
**04/02/03--01059--007 \*\*526.25**

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:

*Michelle Austin*  
**SIGNATURE REQUIRED**

**3-25-03**

**305-724-7690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)