

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002886

1. Entity Name  
68, LTD.



FILED

03 MAR 20 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
11120 NORTH KENDALL DRIVE, SUITE 201  
MIAMI FL 33176

Mailing Address  
11120 NORTH KENDALL DRIVE, SUITE 201  
MIAMI FL 33176

2. Principal Place of Business  
3785 NW 82 AVE  
Suite, Apt. #, etc.  
417

3. Mailing Address  
3785 NW 82 AVE  
Suite, Apt. #, etc.  
417

DUE BY MAY 1, 2003

City & State  
MIAMI, FL

City & State  
MIAMI FL

4. FEI Number 65-0801032

Applied For  
Not Applicable

Zip  
33166

Country

Zip  
33166

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

BARRERAS, LESTER  
11120 N. KENDALL DR., SUITE 201  
MIAMI FL 33176

Name  
BARRERAS, LESTER  
Street Address (P.O. Box Number is Not Acceptable)

3785 NW 82 AVE, STE 417

City  
MIAMI

FL

Zip Code  
33166

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

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

DATE

9. Capital Contributions  
as Shown on record. \$185,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 185,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000083999  
NAME 68, INC.  
STREET ADDRESS 11120 N. KENDALL DR., SUITE 201  
CITY-ST-ZIP MIAMI FL 33176

STREET ADDRESS 3785 NW 82 AVE STE 417  
CITY-ST-ZIP MIAMI, FL 33166

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 100013336071  
CITY-ST-ZIP 03/03/03--01054--009 \*\*196.46

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP 03/20/03--01011--002 \*\*329.79

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS 100013336071  
CITY-ST-ZIP 03/20/03--01011--002 \*\*329.79

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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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

0010719 AT

CR2E003 (10/02)

START CHECK HERE