

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000213

1. Entity Name

PALM SPRINGS ASSOCIATES, LTD.

Principal Place of Business

1840 WEST 49TH STREET. SUITE 700-  
HIALEAH FL 33012

Mailing Address

1840 WEST 49TH STREET. SUITE 700-  
HIALEAH FL 33012-2944

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 410

Suite, Apt. #, etc.

SUITE 410

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0806731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WEISS, BRADLEY S  
1840 WEST 49TH STREET, SUITE 700  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

PAUL H. FREEMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1840 WEST 49 STREET

SUITE 410

City

HIALEAH

FL

Zip Code

33012

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

PAUL H. FREEMAN, ESQUIRE

4-27-00

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.

\$100.00

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 # P98000005581  
NAME PRIMARY GENPAR, INC. (PALM SPRINGS)  
STREET ADDRESS 1840 WEST 49TH STREET, SUITE 700  
CITY - ST - ZIP HIALEAH FL 33012

13. ADDRESS-CHANGES ONLY

STREET ADDRESS

1840 WEST 49 STREET, SUITE 410

CITY - ST - ZIP

STREET ADDRESS

200003274662-8

CITY - ST - ZIP

-06/02/00--01048--001

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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 REQUIRED BY BRADLEY S. WEISS

4-27-00

305 828 3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)