

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000242**

1. Entity Name

**SANTA ROSA KM ASSOCIATES, LTD.**

Principal Place of Business

**C/O FRED CHIKOVSKY  
1720 HARRISON STREET  
HOLLYWOOD FL 33030**

Mailing Address

**C/O FRED CHIKOVSKY  
1720 HARRISON STREET  
HOLLYWOOD FL 33020-6829**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ROSE, LEO JR., ESQ  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVE., SUITE 2400  
MIAMI FL 33131**

4. FEI Number

**65-0811126**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

**FRED CHIKOVSKY**

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

**1720 HARRISON STREET**

City

**HOLLYWOOD**

FL

Zip Code

**33020**

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, or both, as required when reinstating.

**FRED CHIKOVSKY**

DATE

**2/22/2000**

9. Capital Contributions as Shown on record.

**\$1,049,400.00**

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 # **P98000007776**  
NAME **SRKM, INC.**  
STREET ADDRESS **1720 HARRISON STREET**  
CITY - ST - ZIP **HOLLYWOOD FL 33020**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**300003179853--8**

**03/22/00 01050 017**

STREET ADDRESS

CITY - ST - ZIP

**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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)(l), 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:

**CAROLE DIAMOND**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Secretary of  
SRKM, INC.**

Date

Daytime Phone #

**2/22/2000**

**954-920-6638**

CR2E003 (9/99)