

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000274

1. Entity Name

THE RICHERT LIMITED PARTNERSHIP

FILED

00 FEB -7 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

255 ALHAMBRA CIRCLE
SUITE 1125 S20
CORAL GABLES FL 33134

Mailing Address

255 ALHAMBRA CIRCLE
SUITE 1125 S20
CORAL GABLES FL 33134-7400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite S20

Suite, Apt. #, etc.

Suite S20

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

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

RICHERT, ELIZABETH K
255 ALHAMBRA CIRCLE, SUITE 1125
CORAL GABLES FL 33134

Name

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

Suite S20

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.

~~\$1,850,000.00~~

10. Amount of Capital Contributions in FLORIDA to date

\$416,973.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000008804
NAME RICHERT GP, INC.
STREET ADDRESS 255 ALHAMBRA CIRCLE SUITE 1125
CITY - ST - ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY - ST - ZIP

Suite S20

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

100003129691--5
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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

2/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/99)