

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000331**

1. Entity Name

BIG HORN ASSOCIATES, LTD.

Principal Place of Business
3575 NORTHWEST 53 STREET
FORT LAUDERDALE FL 33309

Mailing Address
3575 NORTHWEST 53 STREET
FORT LAUDERDALE FL 33309-6311

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0821197**

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

KATZ, MICHAEL D ESQ
2699 SOUTH BAYSHORE DR., 7TH FLOOR
MIAMI FL 33133

Name
Street Address (P.O. Box Number is Not Acceptable)
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. **\$381,668.68**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000008870**
NAME **BIG HORN DEVELOPERS, INC.**
STREET ADDRESS **3575 NORTHWEST 53 STREET**
CITY - ST - ZIP **FORT LAUDERDALE FL 33309**

STREET ADDRESS
CITY - ST - ZIP
500003249235--2
-05/11/00--01115--003
******526 25 ****526 25**

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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

James A. Cumming 4/18/00 951-733-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Day

Daytime Phone #

CR2E003 (3/99)