

2002 UNIFORM BUSINESS REPORT (UBR)

0009012 AT

DOCUMENT # **A98000000414**

1. Entity Name

WEST 74TH, LTD.

FILED

02 JAN 25 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

7600 W. 20TH AVE., STE. 213
HIALEAH FL 33016

Mailing Address

7600 W. 20TH AVE., STE. 213
HIALEAH FL 33016

2. Principal Place of Business

480 W 84TH ST.

3. Mailing Address

480 W 84TH Street

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

DUE BY MAY 1, 2002

City & State

HIALEAH FLORIDA

City & State

HIALEAH FLORIDA

4. FEI Number

65-0814300

Applied For

Not Applicable

Zip

33014

Country

MIAMI-DADE

Zip

33014

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTONIO DELGADO

7600 W. 20TH AVE., STE. 213

HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

480 West 84th Street

#201

City

HIALEAH

FL

Zip Code

33014

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # **P93000008205**
NAME **WEST 74TH STREET CORPORATION**
STREET ADDRESS **6401 N.W. 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000004851670--2

-01/31/02--01089--020

******141.25 ****141.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/18/02 (305) 558-6280

CR2E003 (9/01)