

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A 98000000467**

1. Entity Name

Palm Beach Plaza, Ltd.



FILED

03 FEB 12 PM 1:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4490 Pine Tree Drive
Suite, Apt. #, etc.

3. Mailing Address
4490 Pine Tree Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number

Applied For
☒ Not Applicable

Zip
33140

Country
USA

Zip
33140

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Devine Goodman Pallot & Wells, P.A.

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

Suite 850

City
Miami

FL

Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Joseph W. Pallot, Vice President 02/06/03

Signature typed or printed name of registered agent and date if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$ 10,000.00

10. Amount of Capital Contributions,
in FLORIDA to date.

\$ 10,000.00

11. **MAKE CHECK PAYABLE TO FL. 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 #

102000016188

NAME

Palm Beach Plaza Management, LLC

STREET ADDRESS

4490 Pine Tree Drive

CITY-ST-ZIP

Miami Beach, FL 33140

DOCUMENT #

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**DO NOT WRITE
IN THIS SPACE**

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02/18/03--01044--021 **70.00

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]

**David M. Friedson, Manager of
Palm Beach Plaza Management, LLC**

02/06/03 (305) 364-0604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

G200

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE