

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A98000000502

**1. Entity Name**  
WEST CITY PLAZA DEL MAR, LTD.

**FILED**

01 SEP 14 PM 12:17

**Principal Place of Business**  
1840 N. COMMERCIAL PKWY  
SUITE 3  
WESTON FL 33326

**Mailing Address**  
1840 N. COMMERCIAL PKWY  
SUITE 3  
WESTON FL 33326

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

**City & State**

**City & State**

**4. FEI Number** 65-0814162

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**

**SIMIGRAN, KENNETH H**  
1840 N. COMMERCIAL PKWY  
SUITE 3  
WESTON FL 33326

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions** \$693,000.00 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000016701	STREET ADDRESS	
NAME	WEST CITY PLAZA DEL MAR, INC.	CITY-ST-ZIP	
STREET ADDRESS	1840 N. COMMERCIAL PKWY		
CITY-ST-ZIP	WESTON FL 33326		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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:** \_\_\_\_\_ **DATE:** 9/11/01 **954-389-7822**

**GENERAL PARTNER**

STAPLE CHECK HERE

0001156 IV 991000  
CR2E003 (5/01)