

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001287**

1. Entity Name

TOWER INVESTMENT ASSOCIATES, LTD.

Principal Place of Business

155 S. MIAMI AVE., SUITE 1150
MIAMI FL 33130

Mailing Address

155 S. MIAMI AVE., SUITE 1150
MIAMI FL 33130-1609

2. Principal Place of Business

155 S. Miami Ave.
Suite, Apt. #, etc.
Suite PH-2A

3. Mailing Address

155 S. Miami Ave.
Suite, Apt. #, etc.
Suite PH-2A

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0836416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAXBERG, GRAYSON & SINGER, P.A.
25 SE 2ND AVE., SUITE 730
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

\$2,688,982.00

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 # **P98000046475**
NAME **PANTHER AIRPORT, INC.**
STREET ADDRESS **155 SOUTH MIAMI AVENUE, 11TH FLOOR**
CITY - ST - ZIP **MIAMI FL 33130**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

155 S. Miami Ave., Suite PH-2A

500003208485--2

-04/14/00--01006--017

******526.25 ****526.25**

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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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: X

SIGNATURE REQUIRED
Grinsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/00 305-374-7075

Date

Daytime Phone #

CR2E003 (9/99)

APPROVED
AND
FILED
00 MAR 29 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE