

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001288

1. Entity Name

BONITA BAY APARTMENTS, LTD.

Principal Place of Business

900 BAY DRIVE, SUITE L-9
MIAMI BEACH FL 33141

Mailing Address

900 BAY DRIVE, SUITE L-9
MIAMI BEACH FL 33141-5633

2. Principal Place of Business

7950 NE Bayshore Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33138

Country

USA

Country

4. FEI Number

65-0843998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J

88 N.E. 168 STREET

NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Judith S. Benson

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

900 Bay Dr L9

City

Miami Beach

FL

Zip Code

33141

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

\$10,000.00

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 # P96000013604
NAME NORMANDY REALTY MANAGEMENT, INC.
STREET ADDRESS 900 BAY DRIVE, SUITE L-9
CITY - ST - ZIP MIAMI BEACH FL 33141

13. ADDRESS CHANGES ONLY

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

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 #

305 757 5722

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 1:33



DO NOT WRITE IN THIS SPACE

CR2E003 (9/93)