

# 2001 UNIFORM BUSINESS REPORT (UBR)

000434 AF

DOCUMENT # A98000001288

1. Entity Name

BONITA BAY APARTMENTS, LTD.

FILED

01 FEB -5 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

7950 NE BAYSHORE CT.  
MIAMI FL 33138

Mailing Address

7950 NE BAYSHORE CT.  
MIAMI FL 33138

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

900 Bay Drive PH2

City & State

City & State

Miami Beach FL

Zip

Country

US

Zip

33141

Country

US

4. FEI Number

65-0843998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERSON, JUDITH S

900 BAY DR., L9

MIAMI BEACH FL 33141

Name

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

900 Bay Drive PH2

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.

\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000013604  
NAME NORMANDY REALTY MANAGEMENT, INC.  
STREET ADDRESS 900 BAY DRIVE, SUITE L9  
CITY-ST-ZIP MIAMI BEACH FL 33141

STREET ADDRESS

CITY-ST-ZIP

900 Bay Drive PH2

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/9/01 305 7575122

CR2E003 (11/00)