

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001692

1. Entity Name

1401 ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071

Mailing Address
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071-6088



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2374481**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

1401 CORPORATION
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071

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. **\$3,168,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,168,000.00**

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	1401 CORPORATION	1401 UNIVERSITY DRIVE, SUITE 200	CORAL SPRINGS FL 33071		
				8000003290848--7	
				-06/15/00--01046--012	
				****526.25 ****526.25	

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

04/26/00

954-753-1730

Date

Daytime Phone #

PAUL CORBAN, VICE PRESIDENT OF GEN. PTR., 1401 CORPORATION

CP 95003 (04/00)