

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 12 PM 12:38

Long/19

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A98000001744	
1. Entity Name BALI-HAI PROPERTIES LIMITED PARTNERSHIP	



Principal Place of Business 5880 SOUTHWEST 91ST STREET MIAMI, FL 33156	Mailing Address 5880 SOUTHWEST 91ST STREET MIAMI, FL 33156
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2722268		Applied For Not Applicable	
5. Certificate of Status Desired: ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMYRLES, JAMES J 5880 SOUTHWEST 91ST STREET MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
NAME	SMYRLES, VIRGINIA A	CITY-ST-ZIP	
STREET ADDRESS	6880 SOUTHWEST 91ST STREET		
CITY-ST-ZIP	MIAMI, FL 33156		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		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: Virginia A Smyrles 3/6/03 305-666-1705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)