

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0002168 AV

DOCUMENT # A98000001753

1. Entity Name

CAP-EAST ASSOCIATES, LTD.

400

02 APR 25 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10165 NW 19 STREET
MIAMI FL 33172

Mailing Address

10165 NW 19 STREET
MIAMI FL 33172



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0868825

Applied For

Not Applicable

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

EDWARD W. EASTON
10165 NW 19 STREET
MIAMI FL 33172

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.

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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 # P98000064366
NAME CAP-EAST ASSOCIATES, INC.
STREET ADDRESS 10165 NW 19 STREET
CITY-ST-ZIP MIAMI FL 33172

STREET ADDRESS

CITY-ST-ZIP

8000005451248--0
-05/03/02--01102--009
****150.00 ****150.00

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

CR2E003 (9/01)

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

APR 2 - 2002

100 9 - 002

SIGNATURE:

Edward W. Easton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
EDWARD W. EASTON

Date

Daytime Phone #

305-593-2222