

2002 UNIFORM BUSINESS REPORT (UBR)

0010812 AT

DOCUMENT # A98000001754

1. Entity Name
LA COVADONGA RETIREMENT INVESTORS, LTD.

FILED
02 APR 30 PM 4:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
**C/O NORMAN GINSARG
820 S.W. 10TH AVENUE
MIAMI FL 33135**

Mailing Address
**11190 BISCAYNE BLVD.
C/O NORMAN GINSARG
N. MIAMI FL 33181**

2. Principal Place of Business
3737 W. Arthur

3. Mailing Address
C/O Norman Ginsarg

Suite, Apt. #, etc.
3389 Sheridan St., #195

City & State
Lincolnwood, IL

City & State
Hollywood, FL

Zip
60712

Country
US

Zip
33021

Country
US

DUE BY MAY 1, 2002

4. FEI Number
65-0857683

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GINSARG, NORMAN
11190 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$247,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **247,500.00**

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 # P98000064359	NAME LA COVADONGA RETIREMENT LIVING, INC.	STREET ADDRESS	
STREET ADDRESS 11190 BISCAYNE BLVD.		CITY-ST-ZIP	
CITY-ST-ZIP N. MIAMI FL 33181			
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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: **Philip Esformes** **4-25-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE