

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002285**

1. Entity Name
STAR-GLO ASSOCIATES LIMITED PARTNERSHIP



FILED
03 MAY -5 PM 7:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**C/O ROSEN DEVELOPMENT GROUP, INC.
550 MAMARONECK AVENUE
HARRISON NY 10528**

Mailing Address
**2250 AVENIDA DEL VERA
NORTH FT. MYERS FL 33917**



2. Principal Place of Business
2250 Avenida Del Vera
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
N. Ft. Myers FL
Zip
33917
Country

City & State
Zip
Country

4. FEI Number **58-2428256**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CALLAHAN, W. SCOTT
C/O STUMP, STOREY & CALLAHAN, P.A.
37 NORTH ORANGE AVENUE, SUITE 200
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions
as Shown on record, **\$0.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # **P98000085038**
NAME **STAR-GLO REALTY CORP.**
STREET ADDRESS **550 MAMARONECK AVENUE**
CITY-ST-ZIP **HARRISON NY 10528**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2250 Avenida Del Vera**
CITY-ST-ZIP **N. Ft. Myers, FL 33917**
STREET ADDRESS **500018007835**
CITY-ST-ZIP **05/05/03--01064--002 **141.25**

DOCUMENT #
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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: **SIGNATURE REQUIRED 4-28-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **239-731-4538**
Daytime Phone #

CR2E003 (10/02)

0014965 AT