

2001 UNIFORM BUSINESS REPORT (UBR)

0003960 AF

DOCUMENT # **A98000002689**

1. Entity Name

PALM BEACH PROPERTY INVESTMENTS, LTD.

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1717 NORTH BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132**

Mailing Address
**1717 NORTH BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132**

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 **65-0885182** Applied For
Not Applicable

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

6. Name and Address of Current Reg

**S&K PROPERTY MANAGEMENT, INC.
1717 NORTH BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132**

7. Name and Address of New Registered Agent

Address (P.O. Box Number is Not Acceptable)

FL Zip Code

8. The above named entity submits this statement for

registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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 # **M97775**
NAME **ALLCONCEPT, INC.**
STREET ADDRESS **1717 NORTH BAYSHORE DRIVE, SUITE 208**
CITY-ST-ZIP **MIAMI FL 33132**

STREET ADDRESS
CITY-ST-ZIP
600004213416--7
-05/11/01--01148--019
*******8.75 *****8.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
600004213416--7
-05/11/01--01148--031
******526.25 ****526.25**

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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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01

305 577-3885

Date

Daytime Phone #

CR2E003 (11/01)