

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002689**

1. Entity Name

PALM BEACH PROPERTY INVESTMENTS, LTD.

FILED
02 APR 30 PM 4:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MLH



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

150 Alhambra Circle

3. Mailing Address

150 Alhambra Circle

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

DUE BY MAY 1, 2002

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0885182

Applied For

Not Applicable

Zip

Country

33134 USA

Zip

Country

33134 USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

S&K PROPERTY MANAGEMENT, INC.

1717 NORTH BAYSHORE DRIVE, SUITE 208

MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

S & K Property Management, Inc.

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

150 Alhambra Circle

Suite 800

City

Miami

FL

Zip Code

33134

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

Lidia Cartaya
Signature, typed or printed name of registered agent and title if applicable.

Vice President

04/29/02

DATE

Lidia Cartaya, Vice President

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS **150 Alhambra Circle, Suite 800**

CITY-ST-ZIP **Coral Gables, FL 33134**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300005503123--8

05/10/02 01060 011

*******526.25 *****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300005503123--8

05/10/02 01060 012

*******8.75 *****8.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice President 04/29/02 (305) 476-0955

Date

Daytime Phone #

CR2E003 (9/01)