

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002888**

1. Entity Name

COLONIAL RIDGE DEVELOPERS, LTD.

Principal Place of Business

18101 COLLINS AVE.
SUNNY ISLES FL 33160

Mailing Address

18101 COLLINS AVE.
SUNNY ISLES FL 33160

FILED

01 MAR 15 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 Alhambra Circle

3. Mailing Address

201 Alhambra Circle

Suite, Apt. #, etc.

601

Suite, Apt. #, etc.

601

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0892312

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARK, MATTHEW
8701 COLLINS AVE.
MIAMI BEACH FL 33154

7. Name and Address of New Registered Agent

Name

David Shear

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

201 Alhambra Circle

Suite 601

City

Coral Gables

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

1/17/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #	
NAME	DEZERTZON, NEOMI
STREET ADDRESS	89 5TH AVE.
CITY - ST - ZIP	NEW YORK NY 10003
DOCUMENT #	
NAME	DEZERTZON, MICHAEL
STREET ADDRESS	89 5TH AVE.
CITY - ST - ZIP	NEW YORK NY 10003
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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03/21/01-01011-024
*****526.25 ***526.25**

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

**MICHAEL
DEZERTZOV**

3/13/01

Date

305-936-9191

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER