

2001 UNIFORM BUSINESS REPORT (UBR)

0004414 AF

DOCUMENT # **A99000000144**

1. Entity Name

G.D.W. PARTNERSHIP, LTD.

Principal Place of Business

**4141 N.E. 2ND AVE., SUITE 203-A
MIAMI FL 33137**

Mailing Address

**4141 N.E. 2ND AVE., SUITE 203-A
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

**17801 NW 2ND AVE
Suite, Apt. #, etc.**

**17801 NW 2ND AVE
Suite, Apt. #, etc.**

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0889615

Applied For

Not Applicable

Zip

33169

Country

DADE

Zip

33169

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINK, BRIAN L
169 EAST FLAGLER STREET, SUITE 1700
MIAMI FL 33131**

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

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

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$750.00

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 # **P99000001654**
NAME **ROSS DEVELOPMENT CORPORATION**
STREET ADDRESS **4141 N.E. 2ND AVE., SUITE 203-A**
CITY-ST-ZIP **MIAMI FL 33137**

STREET ADDRESS

CITY-ST-ZIP

**100004275721--0
-05/22/01--01030--017
***141.25 ***141.25**

DOCUMENT #
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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

Date

Daytime Phone #

CR2E003 (11/00)