

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000144**

1. Entity Name

G.D.W. PARTNERSHIP, LTD.

Principal Place of Business

**17801 NW 2ND AVE.
MIAMI FL 33169**

Mailing Address

**17801 NW 2ND AVE.
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0889615

Applied For

Not Applicable

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.

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

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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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6-4-02

0010584 AT

CR02003 (9/01)

STAPLE CHECK HERE



FILED

2002 JUN 10 PM 4:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Ross Properties

FLORIDA MICHIGAN

17801 NW 2nd Ave. Miami, FL 33169 • Phone 305-652-0605 • Fax 305-652-4005

June 6, 2002

To Whom It May Concern:

As per our telephone conversation of today with an associate at the Department of State, we would really appreciate that you waive the late fees for the 2002 Uniform Business Report.

As was explained, we have had several major changes in our company since last year: starting with our Vice President of Finance resigning to having three new controllers and a new Accounts Payable employee.

Thank you for your consideration and we would appreciate any courtesy you could extend to us.

Sincerely,

Faith Y. Hilton
Faith Hilton
Controller