

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007395 AF

DOCUMENT # A99000000168

1. Entity Name

SANTA MARIA LTD. PARTNERSHIP OF PALM BEACH

FILED

01 MAY -2 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

33 WYNDHAM LANE  
PALM BEACH GARDENS FL 33418

Mailing Address

33 WYNDHAM LANE  
PALM BEACH GARDENS FL 33418

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

65-0893591

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

SANTA MARIA, MICHAEL

~~33 WYNDHAM LANE~~ 3 McCAIRN CT.  
PALM BEACH GARDENS FL 33418

Name

SANTA MARIA, MICHAEL

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

3 McCAIRN Court

Palm Beach Gardens

FL

Zip Code 33418

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 Michael Santa Maria MICHAEL SANTAMARIA 4/10/01

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.

\$1,500,000.00

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 #  
NAME SANTA MARIA, MICHAEL TRUSTEE  
STREET ADDRESS ~~33 WYNDHAM LANE~~ 3 McCAIRN CT.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

13. ADDRESS CHANGES ONLY  
STREET ADDRESS 3 McCAIRN CT.  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

DOCUMENT #  
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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 Santa Maria MICHAEL SANTAMARIA 4/10/01 561-626-5924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)