

2002 UNIFORM BUSINESS REPORT (UBR)

0002214 AV

DOCUMENT # A99000000492

1. Entity Name
ATLANTA NORTH FLEXXSPACE, LTD.

FILED

02 APR 30 PM 4:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
**1400 N.W. 107TH AVENUE
MIAMI FL 33172-2704**

Mailing Address
**1400 N.W. 107TH AVENUE
MIAMI FL 33172-2704**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0905494**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEVY, JOEL
1400 N.W. 107TH AVENUE
MIAMI FL 33172-2704**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,540,000.00**

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 #	L99000001742
NAME	ATLANTA NORTH FLEXXSPACE LLC
STREET ADDRESS	1400 N.W. 107TH AVENUE
CITY-ST-ZIP	MIAMI FL 33172-2704
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	

0000005509860--2
-05/15/02--01006--013
*****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: *Joel Levy* **SIGNATURE** **Joel Levy, EUP of GP of MGRM (305) 372-4050**
Date **4/29/02** Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE