

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000654**

1. Entity Name

RHEC ASSOCIATES, LTD.

FILED

01 FEB -2 AM 9:31

Principal Place of Business

Mailing Address

**C/O ROSS REALTY INVESTMENTS, INC.
10021 PINES BLVD., SUITE 101
PEMBROKE PINES FL 33024**

**C/O ROSS REALTY INVESTMENTS, INC.
10021 PINES BLVD., SUITE 101
PEMBROKE PINES FL 33024**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

3325 S. UNIVERSITY DR.

3325 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#210

#210

City & State

City & State

DAVIE, FL

DAVIE, FL

Zip

Country

Zip

Country

33328

USA

33328

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0913033

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

**ROSS REALTY INVESTMENTS, INC.
3325 SOUTH UNIVERSITY DRIVE, SECOND FLOOR
DAVIE FL 33328-2020**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$97,500.00

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	RHECA, INC	10021 PINES BVD., SUITE 101	PEMBROKE PINES FL 33024		
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0006886
AF

CR2E003 (11/00)