

2002 UNIFORM BUSINESS REPORT (UBR)

0013941 AT

DOCUMENT # **A99300001082**

1. Entity Name

SR 64, LTD.

FILED

02 APR 18 AM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4340 W. HILLSBOROUGH AVE. SUITE #212
TAMPA FL 33614**

Mailing Address
**4340 W. HILLSBOROUGH AVE. SUITE #212
TAMPA FL 33614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

39-1966143

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION COMPANY OF MIAMI

201 S. BISCAYNE BLVD.

1600 MIAMI CENTER

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.

\$100.00

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 # **A32131**
NAME **KB Investment Holding, Ltd.**
STREET ADDRESS **SCHMIDT INVESTMENTS LIMITED PARTNERSHIP**
CITY-ST-ZIP **4340 W. HILLSBOROUGH AVE. SUITE #212
TAMPA FL 33614**

STREET ADDRESS

CITY-ST-ZIP

100005184271--3

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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)(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

1/24/02 813-873-2627

Date

Daytime Phone #

CR2E003 (9/01)