

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010383 AT

DOCUMENT # A99000001209



1. Entity Name
VICTORIA PROPERTY HOLDINGS LTD.

FILED

03 MAY -6 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
9000 S.W. 152ND STREET, SUITE 106
MIAMI FL 33157

Mailing Address
9000 S.W. 152ND STREET, SUITE 106
MIAMI FL 33157



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0943172

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

KUBIT, DONALD E
100 S.E. 2ND STREET, 17TH FLOOR
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$6,220,000.00

10. Amount of Capital Contributions in FLORIDA to date. 6,220,000.00

11. MAKE CHECK PAYABLE TO FL. 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 # L98000003222
NAME JAPPAH MANAGEMENT L.L.C.
STREET ADDRESS 9000 S.W. 152ND STREET, SUITE 106
CITY-ST-ZIP MIAMI FL 33157

STREET ADDRESS

CITY-ST-ZIP

600018034556

05/06/03-01031-003 **526.25

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STREET ADDRESS

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 of Norman J. Buhrmaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 4-30-03 Daytime Phone # 305-278-842

CR2E003 (10/02)

STAPLE CHECK HERE