

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008779 AF

DOCUMENT # **A99000001278**

1. Entity Name

**AFFINITY BUILDING, LIMITED PARTNERSHIP**

Principal Place of Business

**6421 CONGRESS AVENUE, SUITE 115  
BOCA RATON FL 33487**

Mailing Address

**6421 CONGRESS AVENUE, SUITE 115  
BOCA RATON FL 33487**

**FILED**

**01 MAR 28 PM 12: 15**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3835 NW Boca Raton Blvd.  
Suite, Apt. #, etc.  
Suite 100-C**

3. Mailing Address

**3835 NW Boca Raton Blvd.  
Suite, Apt. #, etc.  
Suite 100-C**

City & State

**Boca Raton, Florida 33431**

City & State

**Boca Raton, Florida 33431**

Zip

**33431**

Country

Zip

**33431**

Country

4. FEI Number

**65-0938155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROSENTHAL, STUART S  
404 EAST ATLANTIC BLVD., SUITE 101  
POMPANO BEACH FL 33060**

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

*[Signature]*

**3/21/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions  
as Shown on record.

**\$237,600.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**267,300.00**

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 # **P9900005553**  
NAME **CHARRETTE ENTERPRISES, INC.**  
STREET ADDRESS **6421 CONGRESS AVENUE, SUITE 115**  
CITY-ST-ZIP **BOCA RATON FL 33487**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

**3835 NW Boca Raton Blvd. Suite 100-C**

CITY-ST-ZIP

**Boca Raton, FL 33431**

STREET ADDRESS

CITY-ST-ZIP

**200003930502--2**

STREET ADDRESS

CITY-ST-ZIP

**-03/30/01--01004--028  
\*\*\*735.15 \*\*\*526.25**

**FF \$526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED**

**3/21/01**

**561 750 0445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)