

2001 UNIFORM BUSINESS REPORT (UBR)

0006896 AF

DOCUMENT # **A99000001302**

1. Entity Name

ROHO FLAMINGO, LTD.

FILED

01 APR 23 AM 10:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**10021 PINES BLVD., SUITE 101
PEMBROKE PINES FL 33024**

Mailing Address

**10021 PINES BLVD., SUITE 101
PEMBROKE PINES FL 33024**

2. Principal Place of Business

3325 S. UNIVERSITY DR.

3. Mailing Address

3325 S. UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE #210

Suite, Apt. #, etc.

SUITE #210

City & State

DAVE, FL

City & State

DAVE, FL

4. FEI Number

65-0939628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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, 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.

\$2,000,000.00

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 # **P94000006158**
NAME **ORLAN ENTERPRISES, INC.**
STREET ADDRESS **10021 PINES BLVD., SUITE 106**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

DOCUMENT # **A94000000645**
NAME **ROHO DEVELOPMENT, LIMITED**
STREET ADDRESS **3109 STIRLING ROAD, SUITE 200**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

DOCUMENT #
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CITY-ST-ZIP

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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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-20-01

Date

Daytime Phone #

CR2E003 (11/00)