

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001401

1. Entity Name

SAS APARTMENTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:20

Principal Place of Business

9200 SOUTH DADELAND BLVD., 500  
MIAMI FL 33156

Mailing Address

9200 SOUTH DADELAND BLVD., 500  
MIAMI FL 33156-2713



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS, EDGAR  
200 SOUTH BISCAYNE BLVD  
20TH FL  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

7. Name and Address of New Registered Agent

Robert Spielman  
9200 South Dadeland Blvd  
Suite 500  
Miami FL 33156

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.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$700

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 # P99000075882  
NAME SAS APARTMENTS INC.  
STREET ADDRESS 9200 S. DADELAND BLVD., STE 500  
CITY - ST - ZIP MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert Spielman

Date

Daytime Phone #

1/4/00

305-670-9700

CR2E003 (9/99)