

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001604**

1. Entity Name

NEW RIVER DEVELOPMENT PARTNERS LTD.

Principal Place of Business
8211 WEST BROWARD BLVD
STE 200
PLANTATION FL 33324

Mailing Address
8211 WEST BROWARD BLVD
STE 200
PLANTATION FL 33324-2743

FILED

00 OCT 17 AM 11:01

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

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

65-0953879

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., STE 3400
MIAMI FL 33131

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.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,700,000.00

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 # L99000006216
NAME NEW RIVER DEVELOPMENT PARTNERS LLC
STREET ADDRESS 8211 WEST BROWARD BLVD., STE 200
CITY - ST - ZIP PLANTATION FL

DOCUMENT #
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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

33324

STREET ADDRESS

CITY - ST - ZIP

FF \$ 526.25

STREET ADDRESS

CITY - ST - ZIP

200003319082--6

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****526.25 ****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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Apr. 27/00 954-423-8362

PAUL ROSEN, MEMBER

FRANK ADDUGLI, MEMBER

0006763 AF

CR2E003 (9/99)