

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001718**

1. Entity Name

MONTEREY APARTMENTS, LTD.

Principal Place of Business

Mailing Address

~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
~~MIAMI FL 33131~~

~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
~~MIAMI FL 33131~~

2. Principal Place of Business

3. Mailing Address

1623 Collins Ave
Suite, Apt. #, etc.
Miami Beach #909

1623 Collins Ave
Suite, Apt. #, etc.
#909

City & State

City & State

Florida

Miami Beach FL

Zip

Country

33139 Dade

Zip

Country

33139 Dade

4. FEI Number

65-0955817

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

BENNETT, JOSH N ESQ.
FIRST UNION FINANCIAL CENTER
~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
~~MIAMI FL 33131~~

1623 Collins Ave
#909
Miami Beach, FL 33139

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.

\$50,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L99000006883**
NAME **MARLIN COAST, LC**
STREET ADDRESS ~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
CITY-ST-ZIP ~~MIAMI FL 33131~~
Same as above

STREET ADDRESS

CITY-ST-ZIP

400004008784-9
-04/13/01--01093--013

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

******488.75 ****438.75**

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 25/2001

Date

Daytime Phone #

305 534-9090