

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001855

1. Entity Name

MIAMI SUNSET BAY APARTMENTS LIMITED PARTNERSHIP

FILED

00 FEB 16 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2450 HOLLYWOOD BOULEVARD, SUITE 503  
HOLLYWOOD FL 33020

Mailing Address

2450 HOLLYWOOD BOULEVARD, SUITE 503  
HOLLYWOOD FL 33020-6626

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0962330

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

TRIAD HOUSING PARTNERS, LLC  
2450 HOLLYWOOD BOULEVARD, SUITE 503  
HOLLYWOOD FL 33020

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.

\$0.00

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 # P99000064696  
NAME THP SUNSET BAY CORPORATION  
STREET ADDRESS 2450 HOLLYWOOD BOULEVARD, SUITE 503  
CITY - ST - ZIP HOLLYWOOD FL 33020

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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\*\*\*\*150.00 \*\*\*\*150.00

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:

*COB: [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/2000

Date

954 929-7158

Daytime Phone #

CR2E003 (9/99)