

2002 UNIFORM BUSINESS REPORT (UBR)

0000347 AT

DOCUMENT # B01000000411

1. Entity Name

THE OFFICES AT MARINA BAY, LP.

FILED

02 SEP 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

13651 N.W. 4TH STREET
PEMBROKE PINES FL 33028

Mailing Address

13651 N.W. 4TH STREET
PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number

Applied For

Not-Applicable

Zip

Country

Zip

Country

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

FRANTZMAN, JEFF

9700 S.W. 145TH STREET
MIAMI FL 33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$100,000.00

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 # P01000112548
NAME OFFICES AT MARINA BAY, INC.
STREET ADDRESS 13651 N.W. 4TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

STREET ADDRESS

CITY-ST-ZIP

BK

DOCUMENT # P00000001822
NAME THE FALLS AT MARINA BAY HOLDINGS, L.P.
STREET ADDRESS 13651 N.W. 4TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

STREET ADDRESS

CITY-ST-ZIP

800008157718--3

10/02/02-01054-007

****926.25 ****926.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E003 (4/02)

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

Date

Daytime Phone #