

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000020

1. Entity Name

STAR RUBY EQUITIES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33

Principal Place of Business

1013 CENTRE ROAD
WILMINGTON DE 19805

Mailing Address

~~550 MAMORONECK AVENUE~~
~~HARRISON NY 10528-1094~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2250 Avenida Del Vera

Suite, Apt. #, etc.

City & State

City & State

N.F.T. Myers, FL

Zip

Country

Zip

33917

Country

4. FEI Number

13-3959388

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

CALLAHAN, W. SCOTT
28 E. WASHINGTON STREET
ORLANDO FL 32801

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.

\$624,000.00

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

DOCUMENT # F970000000205
NAME STAR RUBY REALTY CORP.
STREET ADDRESS 550 MAMARONECK AVENUE
CITY - ST - ZIP HARRISON NY 10528

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

100002290051--5

-06/14/00--01117--007

***526.25 ***526.25

DOCUMENT #
NAME
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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

Michael E. Rosen

4/21/00

914-770-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #