

2001 UNIFORM BUSINESS REPORT (UBR)

0008108 AF

DOCUMENT # B98000000202

1. Entity Name

WEST CITY PORT 95 WAREHOUSE LIMITED PARTNERSHIP

Principal Place of Business

1096 E. NEWPORT CENTER DRIVE, STE. 100
DEERFIELD BEACH FL 33442

Mailing Address

1096 E. NEWPORT CENTER DRIVE, STE. 100
DEERFIELD BEACH FL 33442

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

58-2382146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM

1096 E. NEWPORT CENTER DRIVE, STE. 100
DEERFIELD BEACH FL 33442

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.

\$1,800,000.00

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 # A98000000272
NAME WEST CITY PT 95 LIMITED PARTNERSHIP
STREET ADDRESS 1096 E. NEWPORT CENTER DRIVE, STE. 100
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

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****526.25 ****526.25

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 *Malcolm Butters*

4/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

FILED
01 APR 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE