

2001 UNIFORM BUSINESS REPORT (UBR)

000696 AF

DOCUMENT # B99000000122

1. Entity Name

CK CAPITAL, L.P.

Principal Place of Business

11900 BISCAYNE BLVD.
SUITE 501
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD.
SUITE 501
MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0886151

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

RUSS, GINA S
4770 BISCAYNE BOULEVARD, SUITE 830
MIAMI FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

11900 Biscayne Blvd, Suite 501

City

Miami

FL

Zip Code

33181

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.

0

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 # M99000000195
NAME CK ADVISORS, LLC
STREET ADDRESS 4770 BISCAYNE BOULEVARD, SUITE 830
CITY-ST-ZIP MIAMI FL 33137

STREET ADDRESS 11900 Biscayne Blvd, Suite 501
CITY-ST-ZIP Miami, FL 33181

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Andrew E. Kern
Managing Director
CK Advisors, LLC
General Partner

Date

2/27/01 305 895 9545

Daytime Phone #

CR2E003 (11/00)