

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010791 AT

DOCUMENT # **B99000000122**

1. Entity Name

**CK CAPITAL, L.P.**

FILED

02 APR 30 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0886151**

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

**RUSS, GINA S  
11900 BISCAYNE BLVD.  
SUITE 501  
MIAMI FL 33181**

Name

**ANDREW E. KERN**

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

*Andrew E. Kern* **ANDREW E. KERN**

**4-12-2002**

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 **11900 BISCAYNE BLVD., STE. #501**  
CITY-ST-ZIP **MIAMI FL 33181**

STREET ADDRESS

CITY-ST-ZIP

**000005510060--6**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-05/15/02--01011--025**

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

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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

*Andrew E. Kern* **ANDREW E. KERN, Managing Director** **4/12/2002 (305)895-9545**

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE