

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000413**

1. Entity Name

BUENA VISTA SHORES, LP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 20 AM 10:49

Principal Place of Business

**969 HILLSBORO MILE
HILLSBORO BEACH FL 33062**

Mailing Address

**969 HILLSBORO MILE
HILLSBORO BEACH FL 33062**

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

65-0960430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, MARK F ESQ.

**200 EAST BROWARD BLVD., 18TH FLOOR
FORT LAUDERDALE FL 33301**

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.

DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. **\$15,000,000**

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 # **F99000005906**
NAME **BUENA VISTA SHORES, INC.**
STREET ADDRESS **969 HILLSBORO MILE**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

STREET ADDRESS

CITY-ST-ZIP

700005677857--7
-06/04/02--01070--014

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

******526.25 ****526.25**

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STREET ADDRESS

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

Date

Daytime Phone #

4-18-02 RT 460-7137

CR2E003 (9/01)

2 of 2

HANSON&CO.
CPAs/Consultants

May 17, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 20 AM 10:49

Attn.: Ms. Nanette Causseaux

Re: Ref. Number B99000000413

Dear Ms. Causseaux:

Per your instructions enclosed is the original 2002 Uniform Business Report for Buena Vista Shores, LP and check #1159 in the amount of \$526.25. I am not sure how the supplemental affidavit got separated from the Uniform Business Report.

Thank you for your cooperation with this matter and if I can be of further service please do not hesitate to call.

Regards,

Hanson&Co. CPAs/Consultants



Kimberlee C. Stephens
Firm Administrator

Enclosures