## **沙2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # F9800002300

1. Entity Name

ART FLORIDA PARTNERS III, INC.

Principal	Place of	of Business

Mailing Address

10670 N. CENTRAL EXPRESSWAY, STE. 600

10670 N. CENTRAL EXPRESSWAY, STE. 600

FILED Feb 07, 2001 8:00 am Secretary of State

02-07-2001 90152 034 \*\*\*150.00

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2. Principal F	Place of Busin	ess Viore I and	3. Mailing Address	7.*	т.								
1800 Valley View Lane Suite, Apt. #. etc.			1800 Valley View Lane										
Suite, Apt.			Suite, Apt. #, etc.					DO NO	T WRITE I	N THIS S	PACE		
		Suite 300 City & State		+	I. FEI Numb	or <b>32 64</b>		·	1 1	oplied For	٦		
City & State Dallas, Texas			Dallas, Texas		-		<sup>per</sup> 75-275	9540			ot Applicable	1	
Zip 75234		Country USA	<sup>Zip</sup> 75234	Count USA	•	5	. Certificate	e of Status Des	sired		8.75 Ad ee Require		]
	6. Name	and Address of Current R	egistered Agent			7.	. Name aл	d Address of	New Regi	stered A	gent		]
				Name								].	
		ON SYSTEM			Street Address (P.O. Box Number is Not Acceptable)						1		
		NE ISLAND ROAD									1		
PLAN	ITATION FL	33324											
			12	-	City					FL	Zip Cod	e	1
8 The above	named entity	r submits this statement for	the purpose of changing its re	naistara	od office o	r ragiotarad	agent or be	th in the State	of Clorida				-
o. The above	manied entity	Submits this statement for	the purpose of changing its re	gistere	a onice of	registered i	agent, or be	an, in the state	3 01 7101103	1.			
SIGNATURE .	. •												
SIGNATURE.	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE: F	Registered	Agent signat	ure required whe	n reinstating)			DATE		·······	
9. This corpo	oration is eligi	ble to satisfy its Intangible	FILE NOW!!!	FFF	IS \$150 i	nn							1
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(See criter	ria on back)	<b>K</b> ]	Make Check Payable	to De	partmen	t of State	''	usi Fund Cont	ribution.	Ь	Added	to Fees	Ì
11.		OFFICERS AND D	IRECTORS	12.			ADDITIONS	/CHANGES TO	OFFICE	RS AND I	DIRECTOR	S IN 11	j.
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STREET ADDRESS		CENTRAL EXPRESSWAY	, STE. 600		T ADDRESS	1800 1	Valley	View La	ine, S	uite	300		5
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR