

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR0203 AV

**DOCUMENT # A01000000558**

1. Entity Name

**PATEL FAMILY PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -2 AM 9:49



Principal Place of Business 3100 NORTH OCEAN BOULEVARD FORT LAUDERDALE FL 33308-7116	Mailing Address 3100 NORTH OCEAN BOULEVARD FORT LAUDERDALE FL 33308-7116
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number <b>65-1091596</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PATEL, KIRIT N**  
3100 NORTH OCEAN BOULEVARD  
FORT LAUDERDALE FL 33308-7116

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$10,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE-REVERSE SIDE FOR FEE INFORMATION.
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**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 #	<b>P01000017249</b>
NAME	<b>K &amp; K AMPLIFIED ASSETS, INC.</b>
STREET ADDRESS	<b>3100 NORTH OCEAN BOULEVARD</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308-7116</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300085577653-5</b>
CITY-ST-ZIP	<b>-05/21/02--01069--004</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 *K.N. Patel* DATE: 4/25/02 PHONE: (954) 375-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)