

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A 16337**
1. Entity Name
TIGERTAIL LAKE WAREHOUSES, LTD

FILED

02 JUN 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **BLVD**
2040-60 TIGERTAIL
Suite, Apt. #, etc.

3. Mailing Address
2850 STIRLING RD
Suite, Apt. #, etc.
C

DO NOT WRITE IN THIS SPACE

City & State
DANIA, FL
Zip
Brow

City & State
HOLLYWOOD, FL
Zip
33020
Country
Brow

4. FEI Number
59-2347366
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FRED A. ZOROVICH
Street Address (P.O. Box Number is Not Acceptable)
2850 STIRLING RD, # C
City
HOLLYWOOD FL Zip Code
33020

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. **\$ 408,500.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # **663159**
NAME **SERVICES, INC**
STREET ADDRESS **WAREHOUSE MANAGEMENT**
CITY-ST-ZIP **2850 STIRLING RD. # C**
HOLLYWOOD, FL 33020

STREET ADDRESS
CITY-ST-ZIP

400005764014-2
06/12/02-01080-011
******526.25 ****526.25**

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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)(b), 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

5-7-2002

Date

954-923-1466

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)