

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A22918**

1. Entity Name

**MAINSTREAM PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business  
111 2ND AVE. NE. #704  
ST. PETERSBURG FL 33701

Mailing Address  
P.O. BOX 531  
ST. PETERSBURG FL 33731-0531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2676960**

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

**ANTONIO FERNANDEZ**  
**2000 BRIGHTWATERS BLVD., N.E.**  
**ST. PETERSBURG FL 33704**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**2,000,000**

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 # **J26181**  
NAME **MAINSTREAM PARTNERS, INC**  
STREET ADDRESS **111 2ND AVE. NE, #704**  
CITY - ST - ZIP **ST. PETERSBURG FL 33701**

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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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

**PART. OF GENERAL PARTNER CORP.**

SIGNATURE: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**ANTONIO FERNANDEZ**

Date **1-28-00**

Daytime Phone # **727-898-0015**

CR2E003 (9/99)