

2001 UNIFORM BUSINESS REPORT (UBR)

0006183 AF

DOCUMENT # **A27399**

1. Entity Name

10235 W. SAMPLE ROAD LTD.

Principal Place of Business

% GERALD W. GRITTER
100 NORTHEAST THIRD AVE., SUITE 1100
FT. LAUDERDALE FL 33301

Mailing Address

% GERALD W. GRITTER
100 NORTHEAST THIRD AVE., SUITE 1100
FT. LAUDERDALE FL 33301

FILED

FEB 15 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16 Northeast 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#110

City & State

City & State
Fort Lauderdale, FL

4. FEI Number

59-2422156

Applied For

Not Applicable

Zip

Country

Zip

Country

33301

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

EMO CORPORATE SERVICES, INC.
100 NORTHEAST THIRD AVENUE
SUITE 1100
FT. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,200,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000041990
NAME DANCU HOLDING, INC.
STREET ADDRESS 16 NE 4TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33301

STREET ADDRESS

CITY-ST-ZIP

0000003802230--7

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

-03/06/01--01062--020

***543.75 ***543.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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:

Robert KREYER (Pres.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-26-01 954-779-7103

CR2E003 (11/00)