

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000001357**

1. Entity Name
STIRLING DESIGN LIMITED PARTNERSHIP

FILED

00 APR -6 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3181 N. 34TH STREET
HOLLYWOOD FL 33021

Mailing Address
3389 SHERIDAN ST.
BOX 322
HOLLYWOOD FL 33021-3606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
3181 N. 34 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOLLYWOOD, FL

4. FEI Number **65-0686213**

Applied For
Not Applicable

Zip Country

Zip Country
33021 USA

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

HABER, ROBERT M
520 BRICKELL KEY DRIVE, SUITE O-305
NORTH MIAMI BEACH FL 33162

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **300,000**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P96000060686 STIRLING DESIGN MANAGEMENT CORPORATION 3389 SHERIDAN ST., #322 HOLLYWOOD FL 33021
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	3181 N. 34 ST
CITY - ST - ZIP	HOLLYWOOD, FL 33021
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	600003217966--9 -04/21/00--01013--013- ****535.00 ****535.00
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] RECORDED BY: ROBERT SCHACK 3/22/00 554-981-7804
Date Daytime Phone #

CH 12 (9/99)