

2001 UNIFORM BUSINESS REPORT (UBR)

0002739 AF

DOCUMENT # A97000000917
 1. Entity Name
PORT 95 HOLDINGS, LTD.

FILED

01 JUN -7 AM 11:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1812 S.W. 31ST AVENUE
 PEMBROKE PARK FL 33009

Mailing Address
 1812 S.W. 31ST AVENUE
 PEMBROKE PARK FL 33009

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number **65-0818763** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KELSEY, CHARLES M JR.
1812 S.W. 31ST AVENUE
PEMBROKE PARK FL 33009

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

9. Capital Contributions as Shown on record: **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **0**

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 #	P97000035539
NAME	PORT 95 HOLDINGS, INC.
STREET ADDRESS	1812 S.W. 31ST AVENUE
CITY-ST-ZIP	PEMBROKE PARK FL 33009
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	
CITY-ST-ZIP	
STREET ADDRESS	400004384124--2
CITY-ST-ZIP	-06/08/01--01003--028
	****141.25 ****141.25
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: *Charles M Kelsey Jr* Date: *6-17-01* Daytime Phone #: *954 981 8073*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)