

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002022**

FILED

00 FEB 15 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name
STEPELTON PARTNERS LIMITED

Principal Place of Business
2395 S.E. 8TH STREET
POMPANO BEACH FL 33062

Mailing Address
2395 S.E. 8TH STREET
POMPANO BEACH FL 33062-6744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0784566**

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

SCIARRETTA, STEVEN A P.A.
2300 GLADES ROAD, SUITE 302E
BOCA RATON FL 33431

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$625,000.00**

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 # **P97000080245**
NAME **STEPELTON ADVISORS, INC.**
STREET ADDRESS **2395 S.E. 8TH STREET**
CITY - ST - ZIP **POMPANO BEACH FL 33062**

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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

SIGNATURE:

SIGNATURE
Signature of Steven A. Sciarretta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/8/00
Date

884-992-8505
Daytime Phone #

CR2E003 (9/99)