

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003874 AF

DOCUMENT # **A97000002037**

1. Entity Name

KRITCHMAN ENTERPRISES, LTD.

01 MAY -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % FIRST UNION NATIONAL BANK OF FLORIDA 200 S BISCAYNE BLVD. ATTN: KIMBERLY SMITH MIAMI FL 33131	Mailing Address % FIRST UNION NATIONAL BANK OF FLORIDA 200 S BISCAYNE BLVD. ATTN: KIMBERLY SMITH MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0833479	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent HELLER, DAN P ESQ RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSELL PA 701 BRICKELL AVENUE, SUITE 1900 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. (NOT: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$6,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000018887 KRITCHMAN ENTERPRISES, INC. 200 S. BISCAYNE BLVD MIAMI FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000004243208 5 -05/17/01--01129--011 ****526.25 ****526.25
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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: **By: KRITCHMAN ENTERPRISES, INC.**
DAVID KRITCHMAN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **4-26-01** Daytime Phone # **305-461-9327**

CR2E003 (11/00)