

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

mf 4/19

00 APR -5 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98 000000032

1. Entity Name

PHYLLIS, LTD.

Principal Place of Business

2901 CLINT MOORE ROAD
UNIT 321
BOCA RATON, FL 33496

Mailing Address

2901 CLINT MOORE ROAD
UNIT 321
BOCA RATON, FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0810723

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALAN B. COHN
% AGRAMS ANTON, P.A.
2021 TYLER STREET
HOLLYWOOD, FL 33022

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

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.

\$521,302

10. Amount of Capital Contributions
in FLORIDA to date.

\$521,302

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
FELDMAN, IRVING
2901 CLINT MOORE ROAD
BOCA RATON, FL 33496

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FELDMAN, PHYLLIS
2901 CLINT MOORE ROAD
BOCA RATON, FL 33496

STREET ADDRESS
CITY-ST-ZIP

500003217965-2
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****535.00 ****535.00

DOCUMENT #
NAME
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CITY-ST-ZIP

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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: *Irving Feldman* Irving Feldman 3/31/2000 (561) 988-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)