

2000 UNIFORM BUSINESS REPORT (UBR)

0001552 AF

DOCUMENT # A98000000189

1. Entity Name

PORT 95 LIMITED PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

3275 S.W. 42ND STREET
FT. LAUDERDALE FL 33312

Mailing Address

3275 S.W. 42ND STREET
FT. LAUDERDALE FL 33312-6812

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 65-0809313

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

7. Name and Address of New Registered Agent

MINERLEY, KENNETH L
3275 S.W. 42ND STREET
FT. LAUDERDALE FL 33312

Name

Jocelyn Vinet

Street Address (P.O. Box Number is Not Acceptable)

3275 SW 42nd St

City

Ft. Lauderdale

FL

Zip Code

33312

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.

\$1,000.00

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 # P97000068810
NAME PORT 95 INVESTMENT, INC.
STREET ADDRESS 3275 S.W. 42ND STREET
CITY - ST - ZIP HOLLYWOOD FL 33312

STREET ADDRESS

CITY - ST - ZIP

6888803239886-3
-05/04/00--01085--008
****141.25 ****141.25

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

166/19/0903