

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006988 AF

**DOCUMENT # A98000000189**

1. Entity Name

**PORT 95 LIMITED PARTNERSHIP, LTD.**

**FILED**  
**01 APR 26 PM 6:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3275 S.W. 42ND STREET FT. LAUDERDALE FL 33312</b>	Mailing Address <b>3275 S.W. 42ND STREET FT. LAUDERDALE FL 33312</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>65-0809313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VINET, JOCELYN**  
**3275 S.W. 42ND STREET**  
**FT. LAUDERDALE FL 33312**

**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. (NOT) Registered Agent signature required when reinstating. DATE

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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**

DOCUMENT #	<b>P97000068810</b>
NAME	<b>PORT 95 INVESTMENT, INC.</b>
STREET ADDRESS	<b>3275 S.W. 42ND STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33312</b>
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	<i>NR</i>
CITY-ST-ZIP	<i>514</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600004217276--1</b>
CITY-ST-ZIP	<b>05/15/01 0107=008 ****141.25 ****141.25</b>
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:** *Yves Surprenant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Yves Surprenant**  
President **Port 95 Investment Inc.**  
gen. partner Date **4/23/01** Daytime Phone # **954-327-3465**

CR2E003 (11/00)