

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001591
 1. Entity Name **S.T.O.F. HOLDINGS, LTD.**

FILED
 00 JAN 28 PM 1:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: 6300 STIRLING ROAD, HOLLYWOOD FL 33024
 Mailing Address: 6300 STIRLING ROAD, HOLLYWOOD FL 33024-2153

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: 65-0852522
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DORSKY, ERIC ESQ.
 7320 GRIFFIN ROAD, SUITE 220
 DAVIE FL 33314

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: \$990.00
 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	
DOCUMENT #	P96000049801
NAME	SEMINOLE PROPERTIES I, INC.
STREET ADDRESS	6300 STIRLING ROAD
CITY-ST-ZIP	HOLLYWOOD FL 33024
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	100002119051-4
CITY-ST-ZIP	-02/01/00--01108--018 ***141.25 ***141.25
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* E. Billie, Pres. Date: 1/1/00 Daytime Phone #: 954-966-6300