

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0009148 AT

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

02 APR 17 PM 12: 02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **6300 STIRLING ROAD HOLLYWOOD FL 33024**
 Mailing Address: **6300 STIRLING ROAD HOLLYWOOD FL 33024**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

DUE BY MAY 1, 2002
 4. FEI Number: **65-0852522**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	600005271266--2
	-04/15/02--01018--015
	1628.75 *141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *Agnes Billie Motlow* 2-28-02 954-962-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)