

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0002844 AF

DOCUMENT # **A99000000364**

1. Entity Name  
**NAPO PROPERTIES, LTD.**

01 MAY -2 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>2100 WEST 76TH STREET, SUITE #403 HIALEAH FL 33016</b>	Mailing Address <b>2100 WEST 76TH STREET SUITE #403 HIALEAH FL 33016</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-0901120</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PORTNOY, JOSE 2100 WEST 76TH STREET, SUITE #403 HIALEAH FL 33016</b>		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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.	<b>\$147,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>147,000</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P99000021579</b>	STREET ADDRESS	
NAME	<b>NAPO PROPERTIES (G.P.), INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2100 WEST 76TH STREET, SUITE #403</b>		
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>200004287002--0</b>
STREET ADDRESS			<b>-05/22/01--01043--012</b>
CITY-ST-ZIP			<b>*****526.25 *****526.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		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: JOSE PORTNOY PRESIDENT SIGNATURE REQUIRED  
Date: 5/10/2001 (30x) 231-7722 Daytime Phone #

CR2E003 (11/00)