

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000603**

1. Entity Name

**UNCOMMON, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 AM 10:37

Principal Place of Business  
7777 GLADES ROAD, SUITE 310  
BOCA RATON FL 33434

Mailing Address  
7777 GLADES ROAD, SUITE 310  
BOCA RATON FL 33434-4150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNCOM, INC.**  
7777 GLADES ROAD, SUITE 310  
BOCA RATON FL 33434

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. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record

**\$7,500.00**

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 # **P99000033378**  
NAME **UNCOM, INC.**  
STREET ADDRESS **7777 GLADES ROAD, SUITE 310**  
CITY - ST - ZIP **BOCA RATON FL 33434**

STREET ADDRESS

CITY - ST - ZIP

*mf 3/7/00*

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**200003164952--6**  
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**\*\*\*\*150.00 \*\*\*\*150.00**

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DOCUMENT # 13  
NAME  
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]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*02/21/00* *561-483-8400*  
Date Daytime Phone #