

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000612

1. Entity Name

E TWO HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10441 ALTA ROAD JACKSONVILLE FL 32226	Mailing Address 10441 ALTA ROAD JACKSONVILLE FL 32226-2301
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied For
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HAKIMIAN, BENJAMIN S
10441 ALTA ROAD
JACKSONVILLE FL 32226**

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. \$118,800.00	10. Amount of Capital Contributions in FLORIDA to date.	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 # NAME STREET ADDRESS CITY - ST - ZIP	L99000002088 E HOLDINGS, LLC 10441 ALTA ROAD JACKSONVILLE FL 32226	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	300003279343--9 -06/07/00--01015--002 ***526.25 ***526.25
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Benjamin Hakimian 4/28/00 904 757-191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #