LIMITED PARTNERSHIP 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000798

SHAPCO ENTERPRISES, LTD.

1. Entity Name

APPROVE AND

02 APR 15 AM 11: 23

SECRETARY OF STATE TALL AHASSEE, FLORIDA

DO	<b>NOT WR</b>	ITE IN	THIS	SPACE

2. Principal Place of Business	3. Mailing Address		DO NOT WRITE IN THIS SPACE		
10205 COLLINS AVE	10205 COLLINS	AVE			
Suite, Apt. #, etc. PH9	Suite, Apt. #, etc. PH9		DUE BY MAY 1		
City & State	City & State		4. FEI Number		Applied For
BAL HARBOUR, FL	BAL HARBOUR, F	L	65-0910415		Not Applicable
Zip Country 33154–1405	Zip 33154-1405	Country	5. Certificate of Status Desired		5 Additional equired
	1 22124-1402		7 Nome and Address of Comment Desire		· · · · · · · · · · · · · · · · · · ·

## DO NOT WRITE IN THIS SPACE

33154-1405	33154-1405		Fee Required		
		7. Name and Address of Current Registered Agent			
DO NOT	A/DITT	Name DAN P. HELLER			
DO NOT WRITE IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE, SUITE 1900			
		City MIAMI	FL Zip Code 33131		
8. The above named entity submits this stateme	ent for the purpose of changing its re-	gistered office or registered agent, or both, in the	State of Florida.		

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE in FLORIDA to date \$1,000,000.00 as Shown on record. \$1,000,000.00

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.

<del></del>			orialist made be med to origing a general partier.
12.	GENERAL PARTNER INFORMATION		
DOCUMENT # NAME	SHAPIRO, STANLEY TRUSTEE	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	-04/18/0201068026
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP"	
DOCUMENT # NAME		STREET ADDRESS	
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DOCUMENT # NAME		STREET ADDRESS	IN THIS SPACE
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DOCUMENT'*		STREET ADDRESS	-
STREET ADMESS CITY-ST-ZIP		CITY-ST-ZIP	
4			

I hereby certify that the information indicated on this report is true and 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 occurate 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 a xecute this repartner shall be chapter 620, Florida Statutes the receiver or trustee e

SIGNATURE: X

Stanley Shapiro, Trustee  $\chi$  4-//-0 $\nu$