

2002 UNIFORM BUSINESS REPORT (UBR)

LF

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AV

DOCUMENT # B99000000049

1. Entity Name
SOUTH FLORIDA SOCCER, L.P.

FILED
02 APR 25 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O NATIONAL CORPORATE RESEARCH
9 EAST LOOCKERMAN STREET
DOVER DE 19805

Mailing Address
496 NORTH LAKE WAY
PALM BEACH FL 33840

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DUE BY MAY 1, 2002

4. FEI Number **65-0885111** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD. INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

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. **\$100.00**

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 #	M99000000082	STREET ADDRESS	
NAME	SFS ENTERPRISES, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	496 NORTH LAKE WAY		
CITY-ST-ZIP	PALM BEACH FL 33840		
DOCUMENT #		STREET ADDRESS	200005462812--6
NAME		CITY-ST-ZIP	-05/06/02--01084--017
STREET ADDRESS			*****52.50 *****52.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200005462812--6
NAME		CITY-ST-ZIP	-05/06/02--01084--018
STREET ADDRESS			*****88.75 *****88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: **Kenneth A. Horowitz** 04/07/02 561-840-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)