

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000001080**

1. Entity Name

053, LTD.

Principal Place of Business

1400 EAST NEWPORT CENTER DRIVE, STE. 209  
DEERFIELD BEACH FL 33442

Mailing Address

1400 EAST NEWPORT CENTER DRIVE, STE. 209  
DEERFIELD BEACH FL 33442-7713

2. Principal Place of Business

1350 E. Newport Center

3. Mailing Address

PO BOX 4219

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442-4219

Country

USA

4. FEI Number

06-1514268

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQ.  
C/O AKERMAN, SENTERFITT & EIDSON, P.A.  
777 SOUTH FLAGLER DR., STE. 900, EAST TWR  
WEST PALM BEACH FL 33401

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

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.

\$2,000,000.00

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

DOCUMENT # P98000038492  
NAME 053, INC.  
STREET ADDRESS 1400 EAST NEWPORT CENTER DRIVE, STE. 209  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1350 E. Newport Center Dr. Ste 206  
CITY-ST-ZIP Deerfield Beach, FL 33442

DOCUMENT #  
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CITY-ST-ZIP

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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: *Linda G. Kassof* **REQUIRED** Linda G. Kassof 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 6:43



DO NOT WRITE IN THIS SPACE