

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000196

1. Entity Name

POMPAÑO/LINCOLN INDUSTRIAL, LTD.

Principal Place of Business

6601 N.W. 14TH STREET, SUITE ONE  
PLANTATION FL 33313

Mailing Address

6601 N.W. 14TH STREET, SUITE ONE  
PLANTATION FL 33313

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GRABLE, MICHAEL P  
4000 HOLLYWOOD BLVD., STE. 735, SOUTH TOWR  
HOLLYWOOD FL 33021-6755

7. Name and Address of New Registered Agent

Name Stevan J. Cooperman  
Street Address (P.O. Box Number is Not Acceptable)  
6601 N.W. 14th St.  
Suite #1  
City Plantation FL Zip Code 33313

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.

\$1,000.00

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 # P00000009701  
NAME SARA SKICONE CORPORATION  
STREET ADDRESS 6601 N.W. 14TH STREET, SUITE ONE  
CITY-ST-ZIP PLANTATION FL 33313

13. ADDRESS CHANGES ONLY

STREET ADDRESS 200003576172-3  
CITY-ST-ZIP -01/26/01--01039--010  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 JAN 22 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2EM3 (1/1/01)