

2001 UNIFORM BUSINESS REPORT (UBR)

000797 AF

DOCUMENT # **A29244**

1. Entity Name

408 PARTNERS, LTD.

FILED

01 APR 12 AM 10 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7900 GLADES ROAD, SUITE 510 320
BOCA RATON FL 33434-4104

Mailing Address

7900 GLADES ROAD, SUITE 510 320
BOCA RATON FL 33434-4104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 320

City & State

Suite, Apt. #, etc.

SUITE 320

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0100635

Applied For

Not Applicable

Zip

33434-4104

Country

Zip

33434-4104

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, HAROLD B.
7900 GLADES ROAD
SUITE 510
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

JACOBSON, HAROLD B.

Street Address (P.O. Box Number is Not Acceptable)

7900 GLADES ROAD SUITE 320

City

BOCA RATON

FL

Zip Code
33434

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.

\$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,600,000.00

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 # **K64236**
NAME **SUPREMA INC.**
STREET ADDRESS **7900 GLADES ROAD, SUITE 510**
CITY-ST-ZIP **BOCA RATON FL 33434**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7900 GLADES ROAD SUITE 320**
CITY-ST-ZIP **BOCA RATON FL 33434-4104**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **300004033509--4**
CITY-ST-ZIP **-04/19/01--01100--005**
******526.25 ****526.25**

DOCUMENT #
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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:

SIGNATURE REQUIRED

Harold B. Jacobson 4-10-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)