

2002 UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A00000000283

1. Entity Name
PIVOTAL ASSOCIATES, LTD.

FILED

02 APR 23 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
300 SE 2ND ST.
FORT LAUDERDALE FL 33301

Mailing Address
300 SE 2ND ST.
FORT LAUDERDALE FL 33301



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 65-0982904
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, PATRICIA
300 SE 2ND ST.
C/O STILES CORPORATION
FORT LAUDERDALE FL 33301

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. \$750,000.00
10. Amount of Capital Contributions in FLORIDA to date. \$1,013,586.75
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 #	P00000015924	STREET ADDRESS	
NAME	PIVOTAL GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 SE 2ND ST.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	000005430470--4
NAME		CITY-ST-ZIP	05/02/02 01037 011
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
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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: **2/01/02 954-627-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)