

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008228 AF

DOCUMENT # **A00000001144**

1. Entity Name

**SCARDINA PARTNERS, LTD.**

**FILED**  
01 MAY -2 AM 11:58



DO NOT WRITE IN THIS SPACE

|  |         |   |         |
|--|---------|---|---------|
| Principal Place of Business<br><b>3333 S. CONGRESS AVE., SUITE 403-B<br/>DELRAY BEACH FL 33445</b> |         | Mailing Address<br><b>3333 S. CONGRESS AVE. SUITE 403-B<br/>DELRAY BEACH FL 33445</b> |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1032512</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SCARDINA, CHARLES<br/>3333 S. CONGRESS AVE., SUITE 403-B<br/>DELRAY BEACH FL 33445</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |   |
|--|---|---|
| 9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b> | 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 #                      | NAME                                      | STREET ADDRESS           |                              |
|                                 | <b>SCARDINA, ANGELO</b>                   |                          |                              |
| STREET ADDRESS                  | <b>3333 S. CONGRESS AVE., SUITE 403-B</b> | CITY-ST-ZIP              |                              |
| CITY-ST-ZIP                     | <b>DELRAY BEACH FL 33445</b>              |                          |                              |
| DOCUMENT #                      | NAME                                      | STREET ADDRESS           |                              |
|                                 | <b>SCARDINA, CHARLES</b>                  |                          |                              |
| STREET ADDRESS                  | <b>3333 S. CONGRESS AVE., SUITE 403-B</b> | CITY-ST-ZIP              | <b>3300004202139-4</b>       |
| CITY-ST-ZIP                     | <b>DELRAY BEACH FL 33445</b>              |                          | <b>-05/23/01--01051--014</b> |
|                                 |   |                          | <b>****526.25 ****526.25</b> |
| DOCUMENT #                      | NAME                                      | STREET ADDRESS           |                              |
|                                 | <b>AKEL, RAMZI</b>                        |                          |                              |
| STREET ADDRESS                  | <b>3333 S. CONGRESS AVE., SUITE 403-B</b> | CITY-ST-ZIP              |                              |
| CITY-ST-ZIP                     | <b>DELRAY BEACH FL 33445</b>              |                          |                              |
| DOCUMENT #                      | NAME                                      | STREET ADDRESS           |                              |
|                                 |   |                          |                              |
| STREET ADDRESS                  |   | CITY-ST-ZIP              |                              |
| CITY-ST-ZIP                     |   |                          |                              |
| DOCUMENT #                      | NAME                                      | STREET ADDRESS           |                              |
|                                 |   |                          |                              |
| STREET ADDRESS                  |   | CITY-ST-ZIP              |                              |
| 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)