

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003522 AV

DOCUMENT # A0000001210

1. Entity Name
GLADES BREWERY PARTNERS, LTD.



FILED
2003 APR 17 AM 8:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**301 YAMATO ROAD, SUITE 3101
BOCA RATON FL 33431**

Mailing Address
**301 YAMATO ROAD, SUITE 3101
BOCA RATON FL 33431**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-1027148	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLTZ, MORRIS L II
301 YAMATO ROAD, SUITE 3101
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P00000072654	STREET ADDRESS	
NAME	GLADES BREWERY, INC.	CITY-ST-ZIP	
STREET ADDRESS	301 YAMATO ROAD, SUITE 3101		
CITY-ST-ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			200016206142
CITY-ST-ZIP			04/17/03--01027--010 **141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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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 20, Florida Statutes

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **4/3/03 561-998-3311** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)