

2001 UNIFORM BUSINESS REPORT (UBR)

0004634 AF

DOCUMENT # A00000001604

1. Entity Name

SET LIMITED PARTNERSHIP

FILED
01 APR 26 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

545 WEST 37TH STREET
MIAMI FL 33140

Mailing Address

545 WEST 37TH STREET
MIAMI FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

DAVID HOLZER

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

545 WEST 37TH STREET

City

MIAMI BEACH

FL

Zip Code

33140

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

David Holzer

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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 # P98000040566
NAME SAFE & EFFECTIVE TECHNOLOGIES CORP.
STREET ADDRESS 777 BRICKELL AVENUE, SUITE 500
CITY-ST-ZIP MIAMI FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500004194195-1

-05/10/01-01116-001

STREET ADDRESS

CITY-ST-ZIP

mk *****141.25 *****141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

David Holzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/24/01 305 672-3233

CR2E003 (11/00)