

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

000628 AF

DOCUMENT # **A0000001605**

1. Entity Name

BSO, LTD.

01 APR 30 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

Mailing Address
**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 SE 2nd Street
Suite, Apt. #, etc.

3. Mailing Address
300 SE 2nd Street
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
65-1065765

Applied For
Not Applicable

Zip Country
33301

Zip Country
33301

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, PATRICIA
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

Name
Patricia Jones
Street Address (P.O. Box Number is Not Acceptable)
**c/o Stiles Corporation
300 SE 2nd Street**
City
Ft. Lauderdale, FL **FL** Zip Code
33301

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

2/21/01

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. **\$1,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,050,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000099622**
NAME **BSO, INC.**
STREET ADDRESS **6400 NORTH ANDREWS AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

STREET ADDRESS **300 SE 2nd Street**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

DOCUMENT #
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Patricia Jones

2/21/01

Date

954/627-9300

Daytime Phone #

CR2E003 (11/00)