

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001943

1. Entity Name

MR. T'S AIT LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

7315 Mandarin Drive
Boca Raton, FL 33433

2. Principal Place of Business

3. Mailing Address

7315 Mandarin Drive

7315 Mandarin Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip

Country

Zip

Country

33433

33433

4. FEI Number

65-1062145

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

7. Name and Address of New Registered Agent

Rutherford, Mulhall & Wargo
2600 N. Military Trail, 4th Fl
Boca Raton FL 33431

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

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.

\$19,768,867.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$19,768,867.00

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 # NAME
STREET ADDRESS
CITY-ST-ZIP
Marzak Inc.
2255 Glades Rd Suite 324A
Boca Raton FL 33431

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
F99000006210

STREET ADDRESS

CITY-ST-ZIP

400004437624--8
-06/22/01-01079-025
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

President of Marzak Inc.

561-989-3225

4-30-2001

Daytime Phone #

CR2E003 (11/00)