

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001943

1. Entity Name

MR. T'S AIT LIMITED PARTNERSHIP

FILED

02 MAY -1 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

7315 MANDARIN DRIVE  
BOCA RATON FL 33433

Mailing Address

7315 MANDARIN DRIVE  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-1062145

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUTHERFORD, MULHALL & WARGO, P.A.  
2600 N. MILITARY TRAIL, 4TH FLOOR  
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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$19,768,867.00

10. Amount of Capital Contributions  
in FLORIDA to date

\$3,376,851

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 # F99000006210  
NAME MARZAK, INC.  
STREET ADDRESS 2255 GLADES ROAD, SUITE 324A  
CITY-ST-ZIP BOCA RATON FL 33431

13. ADDRESS CHANGES ONLY

STREET ADDRESS

791 Park of Commerce Drive

CITY-ST-ZIP

Boca Raton FL 33487

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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:

George Tholke

4/30/02

561-451-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)