

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 25, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001987**

1. Entity Name

STRONGHOLD CAPITAL PARTNERS, LTD.

Principal Place of Business

6180 NW 173RD ST. SUITE 504

MIAMI
33015

FL

Mailing Address

6180 NW 173RD ST. SUITE 504

MIAMI
33015

FL

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

65-6353043

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

WILLIAMS SHELDON B
6180 NW 173RD ST. SUITE 504MIAMI
33015

FL

US

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)

02/25/2001

DATE

9. Capital Contributions

as Shown on record. 7,500.00

10. Amount of Capital Contributions

in FLORIDA to date. 7,500.00

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

WILLIAMS NAJAZ

STREET ADDRESS

3021 NW 194TH STREET

CITY-ST-ZIP

MIAMI FL 33056

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

WILLIAMS BRIAN

STREET ADDRESS

6180 NW 173RD ST. SUITE 504

CITY-ST-ZIP

MIAMI FL 33015

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

WILLIAMS SHELDON B

STREET ADDRESS

6180 NW 173RD ST. SUITE 504

CITY-ST-ZIP

MIAMI FL 33015

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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:

Sheldon B. Williams

GP

02/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)