

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

000369
AT

DOCUMENT # A01000000305

1. Entity Name

CENTORQUE, LTD.

02 MAY 14 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1155 HILLSBORO MILE, STE 602
HILLSBORO BEACH FL 33062-1744

Mailing Address

1155 HILLSBORO MILE, STE 602
HILLSBORO BEACH FL 33062-1744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1104494

Applied For

Not Applicable

Zip

Country

Broward

Zip

Country

Broward

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

LEIBOWITZ, PATRICIA

1155 HILLSBORO MILE, STE 602
HILLSBORO BEACH FL 33062-1744

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.

\$7,399.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$381,000.

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

MNL-WITZ INC
1155 HILLSBORO MILE, STE #602
HILLSBORO BEACH FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

CENTORQUE, LTD

By: MNL-WITZ, INC. - GENERAL PARTNER

SIGNATURE: *Patricia Leibowitz* Secretary-Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02

(954) 480-6485

CR2E003 (9/01)