

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000349**

1. Entity Name

**SHARELSON ENTERPRISES II, LP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 20 AM 11:01

46/3

Principal Place of Business

**2600 NORTH MILITARY TRAIL, SUITE 290  
BOCA RATON FL 33431**

Mailing Address

**2600 NORTH MILITARY TRAIL, SUITE 290  
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

**% BARNETT, ARLENE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**54 VERKADE DRIVE**

City & State

City & State

**WOYNE NJ**

Zip

Country

Zip

Country

**07470**

4. FEI Number

**65-1080647**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

**ELLIS, SETH E ESQ.**

**SETH E. ELLIS, P.A.**

**2600 NORTH MILITARY TRAIL, SUITE 290**

**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.

**\$630,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **P01000025356**  
NAME **BARNETT FAMILY MANAGEMENT CORP.**  
STREET ADDRESS **6600 NORTH MILITARY TRAIL, SUITE 290**  
CITY-ST-ZIP **BOCA RATON FL 33431**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**8000005677868-3**  
**-06/04/02--01070--019**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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:

**ARLENE BARNETT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**APRIL 20, 2002**

Date

**973 696 4750**

Daytime Phone #

CR2E003 (9/01)