

2002 UNIFORM BUSINESS REPORT (UBR)

0003904 AV

DOCUMENT # **A01000000350**

1. Entity Name
SHARLESON ENTERPRISES III, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 20 AM 11:03

Vol 6/3

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
PO BARNETT, ARLENE
Suite, Apt. #, etc.
54 VERKADE DRIVE
City & State
Wayne NJ
Zip
07470

DUE BY MAY 1, 2002

4. FEI Number
65-1080648

Applied For
 Not Applicable

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

**ELLIS, SETH E ESQ.
SETH E. ELLIS, P.A.
2600 NORTH MILITARY TRAIL, SUITE 290
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P01000025356 BARNETT FAMILY MANAGEMENT CORP. 2600 NORTH MILITARY TRIAL, SUITE 290 BOCA RATON FL 33431	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900005677869--0 -06/04/02-01070-020 ****526.25 ****526.25
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CR2E003 (9/01)

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** **APRIL 20, 2002** **973 696 4750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #