

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009009 AT

DOCUMENT # A01000000981

1. Entity Name
**SANDLER & TRAVIS TRADE ADVISORY SERVICES LIMITED
PARTNERSHIP**



FILED
03 MAY -6 PH 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI FL 33126**

Mailing Address
**5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
68-0550080

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

**ROSENBERG, LEONARD L ESQ.
5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions
as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 **STTAS CANADA CORP.**
STREET ADDRESS **5200 BLUE LAGOON DRIVE**
CITY-ST-ZIP **MIAMI FL 33126**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
100018314021
CITY-ST-ZIP
05/06/03--01130--009 **438.75

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/30/03

305-267-4200

CR2E003 (1/02)