

2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001003

1. Entity Name

DILSON INVESTMENTS LIMITED PARTNERSHIP

FILED

02 MAR 21 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ENGELBERG, CANTOR, & MILGRIM, P.L.
3230 STIRLING ROAD, SUITE 1
HOLLYWOOD FL 33021

Mailing Address
C/O ENGELBERG, CANTOR, & MILGRIM, P.L.
3230 STIRLING ROAD, SUITE 1
HOLLYWOOD FL 33021



2. Principal Place of Business
C/O Engelberg & Milgrim, P.L.

3. Mailing Address
C/O Engelberg & Milgrim, P.L.

Suite, Apt., #, etc.
3230 Stirling Rd., Suite 1

DUE BY MAY 1, 2002

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number

65-1123958

Applied For

Not Applicable

Zip
33021

Country
USA

Zip
33021

Country
USA

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

ENGELBERG, MORRIS ESQ.
C/O ENGELBERG, CANTOR, & MILGRIM, P.L.
3230 STIRLING ROAD, SUITE 1
HOLLYWOOD FL 33021

Name

Engelberg, Morris Esq.

Street Address (P.O. Box Number is Not Acceptable)

C/O Engelberg & Milgrim, P.L.

3230 Stirling Rd. Suite 1

City

Hollywood

FL

Zip Code
33021

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

01/29/02

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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

P01000072479
DILSON ENTERPRISES, INC.
3230 STIRLING ROAD, SUITE 1
HOLLYWOOD FL 33021

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/02

Date Daytime Phone #

0000860 AV

CR2E003 (9/01)

STAPLE CHECK HERE