

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A01000001305

1. Entity Name
S. DIXIE COMMERCE CENTER, LTD.

FILED LF
02 APR 25 PM 12:51

Principal Place of Business
3595 NO. DIXIE HIGHWAY, BAY 4
BOCA RATON FL 33431

Mailing Address
3595 NO. DIXIE HIGHWAY, BAY 4
BOCA RATON FL 33431

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

DUE BY MAY 1, 2002

4. FEI Number 65-1137033
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPERBER, KENNETH
3595 NO. DIXIE HIGHWAY, BAY 4
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$175,000.00
10. Amount of Capital Contributions in FLORIDA to date. \$175,000.00
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 #	P01000083835
NAME	S. DIXIE BUSINESS, INC.
STREET ADDRESS	3595 NO. DIXIE HIGHWAY, BAY 4
CITY-ST-ZIP	BOCA RATON FL 33431
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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****535.00 ****535.00

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: Kenneth Sperber **KENNETH SPERBER** 4/19/02 (813) 445-7715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)