

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name *401000001411*
CAPSTONE ASSOCIATED SERVICES, LTD.

FILED

2002 FEB 25 PM 3:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5051 Westheimer

Suite, Apt. #, etc.

Suite 1850

City & State

Houston, TX

3. Mailing Address

5051 Westheimer

Suite, Apt. #, etc.

Suite 1850

City & State

Houston, TX

DUE BY MAY 1

4. FEI Number

74-3023880

Applied For

Not Applicable

Zip

77056

Country

USA

Zip

77056

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Benjamin Feldman

Street Address (P.O. Box Number is Not Acceptable)
3178 Via Poinclana, No. 109

City Lake Worth

FL

Zip Code
33467

**DO NOT WRITE
IN THIS SPACE**

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.

45000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$300,000.00

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 #

P01000100970

NAME

Capstone Holdings (Florida) Corp.

STREET ADDRESS

5051 Westheimer, Suite 1850

CITY - ST - ZIP

Houston, TX 77056

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

400005027794--2
03/01/02-01017-011
***141.25 ***141.25

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

February 15, 2002

Date

713/850-0700

Daytime Phone #

STAPLE CHECK HERE

CP2000SB (12/01)