

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A02000000521



FILED

03 APR 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
BARIATRIC MANAGEMENT, LTD.

Principal Place of Business
C/O KRAMER, GREEN, ZUCKERMAN & GREENE, PA
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

Mailing Address
C/O KRAMER, GREEN, ZUCKERMAN & GREENE, PA
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021



2. Principal Place of Business
1699 E. OAKLAND PK. BLVD.
Suite, Apt. #, etc.

3. Mailing Address
1699 E. OAKLAND PK. BLVD.
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
FT. LAUD. FL

City & State
FT. LAUD. FL

4. FEI Number
02-0580432

Applied For
Not Applicable

Zip
33334

Country
USA

Zip
33334

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

KRAMER, ROBERT M
C/O KRAMER, GREEN, ZUCKERMAN & GREENE, PA
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

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. \$990.00

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
STREET ADDRESS
CITY-ST-ZIP
SAMUELS, NORMAN
1699 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED NORMAN SAMUELS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/03 (954) 566-7339

Date

Daytime Phone #

CR2E003 (10/02)