

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000989

1. Entity Name
STRONG CORNER HOLDINGS, LTD.



FILED
03 APR 23 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3023 S.W. 141ST TERRACE
DAVIE FL 33330

Mailing Address
3023 S.W. 141ST TERRACE
DAVIE FL 33330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 41-205 2848

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SPENCER, JAMES A JR.
3023 S.W. 141ST TERRACE
DAVIE FL 33330

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

9. Capital Contributions as Shown on record. \$980.00

10. Amount of Capital Contributions in FLORIDA to date. 980.00

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 # L02000018006
NAME STRONG CORNER INVESTMENTS, LLC
STREET ADDRESS 3023 S.W. 141ST TERRACE
CITY-ST-ZIP DAVIE FL 33330

STREET ADDRESS

CITY-ST-ZIP

300016694383

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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: *James A Spencer Jr.* 3/31/03 954-385-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *JAMES A SPENCER JR.* DATE Daytime Phone #

0011621 AT

CR2E003 (10/02)

STAPLE CHECK HERE