

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

DOCUMENT # A02000001715

1. Entity Name

IAW AT FRED GEORGE, LTD.



FILED  
03 MAR 24 PM 5:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8890 W. OAKLAND PK BLVD

Suite, Apt. #, etc.

Suite 201

3. Mailing Address

City & State

SUNRISE FL

City & State

Zip

3335

Country

BROWARD

Zip

Country

4. FEI Number

02-0677018

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBERT W. FRAZIER JR. ESQ

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

2400 E. COMMERCIAL BLVD

City

FORT LAUDERDALE FL

Zip Code

33308

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.

10,000.00

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

DOCUMENT # M 89579  
NAME ECHION USA INC #201  
STREET ADDRESS 8890 W. OAKLAND PK BLVD  
CITY-ST-ZIP SUNRISE FL 3335

STREET ADDRESS  
CITY-ST-ZIP  
900014557333  
03/24/03--01078--001 \*\*158.75

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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

Date

Daytime Phone #

CR2E003B (12/02)