# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A15452

**1. Entity Name**

EL CAMBIO LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 2215 SOUTH THIRD STREET | 2215 SOUTH THIRD STREET |
| SUITE 101 | SUITE 101 |
| JACKSONVILLE BEACH FL 32250 | JACKSONVILLE BEACH FL 32250 |

**FILED**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | **DUE BY SEPTEMBER 26, 2001** |
| City & State | City & State | 4. FEI Number 59-2331407 / 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 |
|---|---|
| AHERN, FRED L., JR.<br>2215 S. THIRD ST.<br>SUITE 101<br>JACKSONVILLE FL 32250 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| 9. Capital Contributions as Shown on record. | **$1,000.00** | 10. Amount of Capital Contributions in FLORIDA to date. | 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 | 13. | ADDRESS CHANGES ONLY |
|---|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AHERN, FRED L., JR.<br>2215 SOUTH 3RD ST., #101<br>JACKSONVILLE BCH. FL | STREET ADDRESS<br><br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br><br>CITY-ST-ZIP | 800004474548 9<br>-07/13/01--01050--013<br>****541.25 ****541.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br><br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br><br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br><br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br><br>CITY-ST-ZIP | |

CR2E003 (5/01)

STAPLE CHECK HERE

**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   Fred L. Ahern, Jr   1/3/01   904-241-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #