

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 MJH

DOCUMENT # **A18811**

1. Entity Name

A. F. INVESTMENTS LTD.

Principal Place of Business

Mailing Address

P.O. BOX 291918
 DAVIE FL 33329

P.O. BOX 291918
 DAVIE FL 33329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

119



DUE BY MAY 1, 2002

4. FEI Number

59-2499708

Applied For

Not Applicable

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

**FEIN, AUBREY
 740 MOCKINGBIRD LANE
 PLANTATION FL 33324**

Name **FEIN, AUBREY**

Street Address (P.O. Box Number is Not Acceptable)
225 SW 87th TERRACE

City **PLANTATION** FL Zip Code **33324**

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.

\$55,000.00

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	FEIN, AUBREY	740 MOCKINGBIRD LANE	PLANTATION FL 33324

STREET ADDRESS	CITY-ST-ZIP
225 SW 87th TERRACE	PLANTATION FL. 33324

100004777981--3
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 ****473.75 ****473.75

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**

1/5/02 954 474 9072

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

CR2E003 (9/01)