

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A23432**

1. Entity Name

**WELLINGTON ENTERPRISES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 PM 5:51



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**9934 TURF WAY**      **9934 TURF WAY**  
**APARTMENT 4**      **APARTMENT 4**  
**ORLANDO FL 32837**      **ORLANDO FL 32837-8985**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2723007**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HERNANDEZ, JAIME J.**  
**9934 TURF WAY**  
**APARTMENT 4**  
**ORLANDO FL 32837**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$855,000.00**      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	<b>J37159 LEXINGTON ENTERPRISES 9934 TURF WAY, APT. 4 ORLANDO FL</b>	STREET ADDRESS CITY - ST - ZIP	<del>100003170731-9</del> -03/21/00--01115--007 ****526.25 ****526.25
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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: Jaime J. Hernandez      President of Gen. Partner      Feb/29/2000      Date      (407) 851-9348      Daytime Phone #

**JAIMIE J. HERNANDEZ AS PRESIDENT OF GEN. PARTNER**