

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23433**

1. Entity Name

1271 BLOCK, A LIMITED PARTNERSHIP

FILED

00 JAN 19 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O HAROLD SORENS
14425 STRATHMORE LANE STE. #802
DELRAY BEACH FL 33446

Mailing Address
C/O HAROLD SORENS
14425 STRATHMORE LANE STE. #802
DELRAY BEACH FL 33446-3027

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2338972**

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

SORENS, HAROLD
14425 STRATHMORE LANE SUITE 802
DELRAY BEACH FL 33446

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

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:

\$61,297.46

10. Amount of Capital Contributions in FLORIDA to date.

\$61,297.46

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	STREET ADDRESS	CITY - ST - ZIP
	SORENS, HAROLD	14425 STRATHMORE LN, #802	DELRAY BEACH FL		
					429.08-40
				200003117692--6	
				-02701700--01033--020	
				****517.83 ****517.83	

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Harold Sorens* **SIGNATURE REQUIRED HAROLD SORENS** 1/15/2000 561-495-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #