

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012340
AT

DOCUMENT # **A23433**

1. Entity Name
1271 BLOCK, A LIMITED PARTNERSHIP

02 APR 15 PM 12: 23

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
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2002

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	SORENS, HAROLD 14425 STRATHMORE LN,#802 DELRAY BEACH FL	STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

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: *Harold Sorens* **HAROLD SORENS** Date **4/8/02** Daytime Phone # **561-495-9004**

CR2E003 (9/01)