

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25918**

1. Entity Name
INTERPATTERN, LTD.

Principal Place of Business
**10140 VANDERBILT DRIVE
NAPLES FL 33963**

Mailing Address
**10140 VANDERBILT DRIVE
NAPLES FL 34108-2155**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
100 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0025948		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ZORRILLA, JUAN C % OLLIE, ST. LOUIS, MACAULANY & ZORRILLA 1402 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33130				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. \$9,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # J97720	FASHION PATTERN, INC. 10140 VANDERBILT DRIVE NAPLES FL	STREET ADDRESS	
NAME		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	500003287445-0
NAME		CITY - ST - ZIP	06/13/88 01070-007 ****160.50 ****160.50
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NAME		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		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: **THOMAS LUTTERLOH** DATE: **05.26.2000** DAYTIME PHONE: **941 598 1834**