## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 14, 2000 08:00 AM DOCUMENT # A28847 1. Entity Name **Secretary of State** NATIONAL DEVELOPERS, LTD. Principal Place of Business Mailing Address : 1924 33RD STREET 1924 33RD STREET ORLANDO FL ORLANDO FL 32839 32839 2. Principal Place of Business 3. Mailing Address 2202 33RD STREET 1909 BOBTAIL DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO ORLANDO 59-2967254 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32839 32810 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOE POZO JR. POZO 1924 33RD STREET Street Address (P.O. Box Number is Not Acceptable) 1909 BOBTAIL DRIVE ORLANDO FL32839 City Zip Code ORLANDO 32810 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. **JOE POZO** 01/14/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE\_Registered Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATES as Shown on record. 288.00 in FLORIDA to date. 288.00 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS 1909 BOBTAIL DRIVE VALAF P.A.P., INC. STREET ADDRESS 1924 33RD STREET CITY-ST-ZIP ORLANDO $\mathbf{FL}$ 32810 CITY-ST-7IP ORLANDO $\mathbf{FL}$ 32839 DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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<sup>14.</sup> 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