

# 2002 UNIFORM BUSINESS REPORT (UBR)

0018709 AB

**DOCUMENT # A28981**

1. Entity Name

**FORT WORTH ASSOCIATES, LTD.**

**FILED**

**2002 APR 29 AM 11:23**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**225 NE MIZNER BLVD.  
 SUITE 675A  
 BOCA RATON FL 33432**

Mailing Address  
 % TAX DEPARTMENT, 4TH FLOOR  
 100 N. WILKES-BARRE BLVD.  
 WILKES-BARRE PA 18702  
 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **52-1647395**

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**

**S. H. LIMITED INVESTMENT CORPORATION  
 225 NE MIZNER BLVD., SUITE 675A  
 BOCA RATON FL 33432**

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. **\$990.00**

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>S67603 S.H. LIMITED INVESTMENT CORPORATION 225 NE MIZNER BLVD SUITE 675A BOCA RATON FL 33432</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>000005501500 2 -05/10/02--01005--026 ****150.00 ****150.00</b>
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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: Maria Scandura Secretary 4/19/02 (570)822-6277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)