

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29228**

1. Entity Name  
**ESTATE PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 18 PM 1:33



Principal Place of Business  
~~PO BOX 7473~~  
~~FT LAUDERDALE FL 33338~~

Mailing Address  
~~PO BOX 7473~~  
~~FT LAUDERDALE FL 33338-7473~~

2. Principal Place of Business  
**6504 CONTEMPO LN**

3. Mailing Address  
**6504 CONTEMPO LN**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

4. FEI Number **65-0191709** Applied For  Not Applicable

Zip **33433** Country **USA** Zip **33433** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AGENCY SERVICES, INC.**  
~~2001 N.E. 22ND TERRACE~~  
~~FT LAUDERDALE, FL FL 33305~~

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6504 CONTEMPO LN**  
City **BOCA RATON FL** Zip Code **33433**

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 *RS Simms* **RS Simms** **4/30/00**  
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: **\$1,000.00** ~~\$149,000.00~~

10. Amount of Capital Contributions in FLORIDA to date: **\$1,000.00**

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 # <b>V19749</b>	NAME <b>AGENCY SERVICES, INC.</b>	STREET ADDRESS <b>6504 CONTEMPO LN</b>	
STREET ADDRESS <del>2001 N.E. 22ND TERRACE</del>		CITY - ST - ZIP <b>BOCA RATON, FL 33433</b>	
CITY - ST - ZIP <del>FT LAUDERDALE FL 33305</del>			
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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: *RS Simms* **AGENCY SERVICES LTD** **4/30/00** **561-368-3404**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)