

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30083**

1. Entity Name

TBPOC ASSOCIATES I, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



Principal Place of Business

Mailing Address

~~200 SOUTH PARK ROAD~~
~~SUITE 200~~
~~HOLLYWOOD FL 33021~~

~~200 SOUTH PARK ROAD~~
~~SUITE 200~~
~~HOLLYWOOD FL 33021-8541~~

2. Principal Place of Business

300 Hollywood Way

Suite, Apt. #, etc.

3. Mailing Address

300 Hollywood Way

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

4. FEI Number

65-0202439

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOTZER, THEODORE R.

200 SOUTH PARK ROAD

~~SUITE 200~~

~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300 Hollywood Way

City

Hollywood,

FL

Zip Code

33021

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

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.

\$20.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

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

DOCUMENT # **P20801**
NAME **HOLLYWOOD, INC., (DEL)**
STREET ADDRESS **200 SOUTH PARK RD., #200**
CITY - ST - ZIP **HOLLYWOOD FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **MJS Holdings II, LLC**
300 Hollywood Way
CITY - ST - ZIP **Hollywood, Florida 33021**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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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

TBPOC Associates I, L.P., By: **MJS Holdings II, LLC**

SIGNATURE: By: *[Signature]*

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Swerdlow, Man. Mbr. 4/25/00 (954) 981-1000

Date

Daytime Phone #

CR2E003 (9/99)