

2001 UNIFORM BUSINESS REPORT (UBR)

0010420 AF

DOCUMENT # **A30252**

1. Entity Name

SUNPURE GROVES, LTD.

Principal Place of Business

**5200 U.S. HWY 98 SOUTH
LAKELAND FL 33813-4203**

Mailing Address

**5200 U.S. HWY 98 SOUTH
LAKELAND FL 33813-4203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 APR 11 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3015383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LASHKAJANI, HADI B
5200 U.S. HWY 98 SOUTH
LAKELAND FL 33813-4203**

7. Name and Address of New Registered Agent

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

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.

\$1,736,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE-REVERSE SIDE FOR FEE INFORMATION**

**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 # **K00323**
NAME **SUNPURE PRODUCTS, INC.**
STREET ADDRESS **5200 U.S. HIGHWAY 98 SOUTH**
CITY-ST-ZIP **LAKELAND FL 33813**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000004033750--3
-04/19/01--01108--002
1252.50 *526.25**

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:

HADI B. LASHKAJANI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/01
Date

863-619-2222
Daytime Phone #

CR2E003 (11/00)

Uniform Business Report (UBR) Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 487-6051.

Reminder:

1. Changes must be typed or printed in ink and legible.
2. Signature in Block 14.
3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.). This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

Block 1. Block 1 is preprinted with the name, document number, mailing address and principal place of business as previously reported to our office. You cannot change the name on this form. You must file an amendment to change the name. If you filed an amendment after December 1, 2000, reflect the change of name in Block 1. If no name change has been filed, do not make changes to the form; file it as is and submit a name change amendment promptly. ALL REPORT FILING QUESTIONS SHOULD BE DIRECTED TO (850) 487-6051.

Block 2 & 3. If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.

Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" is preprinted in Block 4, you must now provide the FEI number or attach a copy of the application submitted to the Internal Revenue Service. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.

Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. All certificates will be mailed to the mailing address unless this office is instructed otherwise.

Block 6. The law requires that each entity have a Registered Agent with a **Florida street address**. If the computer entry in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.

Block 7. If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a **Florida Street address**. A P.O. Box or mail service is NOT acceptable for service of process. A LIMITED PARTNERSHIP CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the limited partnership can.

Block 8. The new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity.

Block 9. If blank and a Florida limited partnership, enter the total amount contributed and anticipated to be contributed by the limited partners last reported to this office.

If blank and an out-of-state limited partnership, enter the total anticipated amount of the limited partners contributions allocated for the purpose of transacting business in Florida last reported to this office.

Block 10. If Florida limited partnership, enter the amount of the capital contributions of its limited partners to date.

If out-of-state limited partnership, enter the amount of the capital contributions of its limited partners that is allocated for the principal purpose of transacting business in Florida.

If the amount entered in Block 10 is greater than the amount listed in Block 9, a supplemental affidavit along with a separate filing fee must be submitted. Please refer to sections 620.182(4), 620.112, and 620.176, Florida Statutes on how to file a supplemental affidavit.

Supplemental Affidavit Fee: \$7 per \$1,000 on additional contributions (Minimum \$52.50, Maximum \$1,750)

Please refer to Supplemental Affidavit Information on last page of packet for further information.

26 645.57 = 186.37
88.75
275.12

Block 11. UBR Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in Block 10 or 9 if 10 is blank, with a minimum of \$52.50 and a maximum of \$437.50.

UBR Supplemental Fee: \$88.75 is due in accordance with 607.193, F.S.

The amount due shall be no less than \$141.25 (\$52.50 + \$88.75) and no more than \$526.25 (\$437.50 + \$88.75). For questions concerning filing fees, please call (850) 487-6051. Please submit your 2001 uniform business report with a separate check made payable to the Fla. Dept. of State in U.S. funds drawn on a U.S. bank.

(Note: If the amount entered in Block 10 is greater than the amount listed in Block 9, a supplemental affidavit along with a separate filing fee must be submitted. Please refer to last page of packet for further information.)

Block 12. Block 12 contains the general partners last reported to our office. If preprinted, please do not make any marks in Block 12. Note all address changes in Block 13. An amendment must be filed to change the general partners. Fee to file amendment: \$52.50. Refer to amendment information on last page of packet for further information.

Block 13. Block 13 is for address changes to the existing general partners in Block 12. Changes must be typed or printed and legible. If an address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Florida Statutes require a physical address be given. The provision of a post office box in Block 13 or on an attachment is an affirmation under oath that no other address is available.

Block 14. A general partner must sign this report.

Mailing Address:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Internet Address:

<http://www.sunbiz.org>

Courier Address:

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Phone: (850) 487-6051
Hearing/Voice Impaired may call (850) 487-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.