

# 2001 UNIFORM BUSINESS REPORT (UBR)

192

0001517 AT

DOCUMENT # **A31049**

1. Entity Name

**BHCL HOLDINGS, LTD.**

Principal Place of Business

**5458 TOWN CENTER ROAD, SUITE 101  
BOCA RATON FL 33486**

Mailing Address

**5458 TOWN CENTER ROAD, SUITE 101  
BOCA RATON FL 33486**

**FILED**

**01 OCT 22 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 26, 2001**

Zip

Country

Zip

Country

4. FEI Number

**65-0241767**

Applied For

Not Applicable

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

**NOWICKI, MARK J ESQ.  
14155 U.S. HIGHWAY ONE  
SUITE 302  
JUNO BEACH FL 33408**

Name  
**Mark J. Nowicki, Esquire**  
Street Address (P.O. Box Number is Not Acceptable)  
**14155 U.S. Highway One**  
**Suite 210**  
City  
**Juno Beach** **FL** Zip Code  
**33408**

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

**\$476,000.00**

10. Amount of Capital Contributions

in FLORIDA to date: **\$476,000**

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 # **L99000001479**  
NAME **PATENT TECHNOLOGIES, L.C.**  
STREET ADDRESS **921 SWEETWATER LANE**  
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400004659874-0**  
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**561-624-1444**

Date

Daytime Phone #

CP2E003 (5/01)

PLEASE CHECK HERE