

# 2000 UNIFORM BUSINESS REPORT (UBR)

00066365 AF

DOCUMENT # **A31966**

1. Entity Name  
**LIFTER INVESTMENTS LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00

*mf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business 18425 NORTHWEST 2ND AVENUE. #305 MIAMI FL 33169	Mailing Address 18425 NORTHWEST 2ND AVENUE. #305 MIAMI FL 33169-4532
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0290004</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LIFTER INVESTMENTS, INC.</b> <b>18425 NORTHWEST 2ND AVENUE, #305</b> <b>MIAMI FL 33169</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$7,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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>S79581</b> <b>LIFTER INVESTMENTS INC.</b> <b>18425 N.W. 2ND AVE.</b> <b>MIAMI FL</b>	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	<b>300003239879--5</b> <b>-05/04/00--01084--013</b> <b>****141.25 ****141.25</b>
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
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DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		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)(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: *[Signature]* **SIGNATURE REQUIRED** *April 11, 2000 - 305-6523506*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)