

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002832 AV

DOCUMENT # **A32635**

1. Entity Name  
**B & F PURCHASING LTD.**

02 MAR 18 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**9668 SANDALFOOT BLVD.  
BOCA RATON FL 33428**

Mailing Address  
**505 S. FLAGLER DRIVE, SUITE 401  
WEST PALM BEACH FL 33401  
US**



|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | <b>DUE BY MAY 1, 2002</b>   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  |
| City & State                   |         | City & State        |         | 4. FEI Number<br><b>65-0314358</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip                            | Country | Zip                 | Country | 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>WEST RIDGE SOUTH, INC.<br/>505 S. FLAGLER DRIVE, SUITE 401<br/>WEST PALM BEACH FL 33401</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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |                |   |  |
|--|----------------|---|--|
| 9. Capital Contributions as Shown on record. | <b>\$10.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V17888<br/>WEST RIDGE SOUTH, INC.<br/>505 S. FLAGLER DRIVE, SUITE 401<br/>WEST PALM BEACH FL 33401</b> | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              | <b>200005168792--7<br/>-03/26/02--01034--012<br/>****141.25 ****141.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
|   |   | 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]* **SHELDON FRIMSON** 3/14/02 561-832-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE