

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011998 AI

**DOCUMENT # A33544**  
 1. Entity Name  
**MT. DORA MARKETPLACE, LTD.**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

02 APR 15



Principal Place of Business Mailing Address  
**6353 WEST ROGERS CIRCLE** P.O. BOX 273760  
**SUITE #1** BOCA RATON FL 33427  
**BOCA RATON FL 33487** US  
**US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**DUE BY MAY 1, 2002**  
 4. FEI Number **65-0368163** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**HAHAMOVITCH, HARRY N**  
**6353 WEST ROGERS CIRCLE**  
**SUITE #1**  
**BOCA RATON FL 33487**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$900,000.00**

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 #	<b>V64495</b>
NAME	<b>MT. DORA MARKETPLACE INC</b>
STREET ADDRESS	<b>6353 WEST ROGERS CIRCLE, #1</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
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	<b>AL</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>600005294386--1</b>
STREET ADDRESS	<b>-04/19/02--01003--024</b>
CITY-ST-ZIP	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** , Pres. of G.P. **4-8-02** **561-994-2233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)