

2004

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 93000000234

1. Entity Name

PHILSHAR Enterprises Ltd.



FILED

04 JUN 10 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8517 Casa Del Lago

3. Mailing Address

8517 Casa Del Lago

Suite, Apt. #, etc.

338

Suite, Apt. #, etc.

338

City & State

Boca Raton FL.

City & State

Boca Raton FL.

Zip

33433

Country

USA

Zip

33433

Country

4. FEI Number

65-0473645

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DUE BY MAY 1, 2004

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DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Phyllis Kogel

Street Address (P.O. Box Number is Not Acceptable)

8517 Casa Del Lago 338

City

Boca Raton

FL

Zip Code

33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.187,456.00
per10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. 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 #
NAME
STREET ADDRESS
CITY-ST-ZIPKogel, Phyllis
8517 Casa Del Lago
Boca Raton FL, 33433

STREET ADDRESS

CITY-ST-ZIP

500037870955
06/11/04--01035--005 **526.25DOCUMENT #
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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: Phyllis Kogel PHyllis Kogel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/8/04 (561) 488-0073

Date

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE