

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000830

1. Entity Name
PORTA HOLDINGS, LTD.

Principal Place of Business **Mailing Address**
13925 58TH STREET N. 13925 58TH STREET N.
CLEARWATER FL 33760 CLEARWATER FL 33760-3721

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY - 1 PM 12: 06

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

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

City & State City & State

4. FEI Number **59-3195436** Applied For
Not Applicable

Zip Country Zip Country **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

WOHLWEND, BETH
C/O MELITTA N.A., INC.
13925 58TH STREET N.
CLEARWATER FL 33760

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions - as Shown on record. **\$12,301,800.00** **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000056239	STREET ADDRESS	
NAME	PORTA HOLDINGS II, INC.	CITY - ST - ZIP	
STREET ADDRESS	17755 U.S. 19 NORTH, SUITE 150	STREET ADDRESS	400003200834-3
CITY - ST - ZIP	CLEARWATER FL 34624	CITY - ST - ZIP	-06/08/00--01012--022
DOCUMENT #		STREET ADDRESS	***535.00 ***535.00
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *[Handwritten Signature]* **4-28-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #