

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000830**

1. Entity Name  
**PORTA HOLDINGS, LTD.**

**FILED**

**01 MAY -7 AM 11:46**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**13925 58TH STREET N.  
CLEARWATER FL 33760**

Mailing Address  
**13925 58TH STREET N.  
CLEARWATER FL 33760**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
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**  
NAME **PORTA HOLDINGS II, INC.**  
STREET ADDRESS **17755 U.S. 19 NORTH, SUITE 150**  
CITY-ST-ZIP **CLEARWATER FL 34624**

STREET ADDRESS  
CITY-ST-ZIP **800004376418--4  
-06/07/01--01123--005  
\*\*\*\$535.00 \*\*\*\$535.00**

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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: *BETH WOHLWEND* **BETH WOHLWEND** 4/30/01 524 4833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #