

2002 UNIFORM BUSINESS REPORT (UBR)

0006040 AT

DOCUMENT # **A93000000841**

1. Entity Name

WINTMART LIMITED PARTNERSHIP

FILED

02 JAN 11 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJN

Principal Place of Business

**C/O DELTA EQUITIES
275 MADISON AVENUE, 30TH FLOOR
NEW YORK NY 10016**

Mailing Address

**C/O DELTA EQUITIES
275 MADISON AVENUE, 30TH FLOOR
NEW YORK NY 10016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

13-3720347

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

**SCHEU, WILLIAM
200 WEST FORSYTH STREET
JACKSONVILLE FL 32202**

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

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

DATE

9. Capital Contributions as Shown on record.

\$1,500,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000011184**
NAME **WINTMART REALTY CORP.**
STREET ADDRESS **275 MADISON AVENUE, 30TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10016**

STREET ADDRESS

CITY-ST-ZIP

300004782903--8

01/18/02 01003 020

******526.25 ****526.25**

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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:

William Scheu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/7/02
Date

Daytime Phone #

CP2E003 (9/01)