

2000 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 2000

0001701 AF

DOCUMENT # A94000000529

1. Entity Name

ESTUMKEDA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 11:02

mf



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------|
| Principal Place of Business 6300 STIRLING ROAD HOLLYWOOD FL 33024 | | Mailing Address 6300 STIRLING ROAD HOLLYWOOD FL 33024 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 4. FEI Number 65-0487761 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent DORSKY, ERIC ESQ 7320 GRIFFIN ROAD, SUITE 220 DAVIE FL 33314 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record \$500,990.00 | 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 # NAME STREET ADDRESS CITY-ST-ZIP | P94000019591 THE NEW MEYERS AIRPLANE COMPANY 6300 STIRLING RD. HOLLYWOOD FL 33024 | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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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:

[Signature]
JAMES E. RILLIE

9/26/00
Date

954-966-6300
Daytime Phone #

CR2E003 (5/00)