

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003088 AF

**DOCUMENT #** A94000000529

**1. Entity Name**  
ESTUMKEDA, LTD.

**Principal Place of Business**  
6300 STIRLING ROAD  
HOLLYWOOD FL 33024

**Mailing Address**  
6300 STIRLING ROAD  
HOLLYWOOD FL 33024

**FILED**  
01 APR 20 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 65-0487761  
☐ Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**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 #                      | P94000019591                    | STREET ADDRESS           | 5000004162335--1      |
| NAME                            | THE NEW MEYERS AIRPLANE COMPANY | CITY-ST-ZIP              | -05/08/01--01080--011 |
| STREET ADDRESS                  | 6300 STIRLING RD.               |                          | ****526.25 ****526.25 |
| CITY-ST-ZIP                     | HOLLYWOOD FL 33024              |                          |                       |
| DOCUMENT #                      |                                 | STREET ADDRESS           |                       |
| NAME                            |                                 | CITY-ST-ZIP              |                       |
| STREET ADDRESS                  |                                 |                          |                       |
| CITY-ST-ZIP                     |                                 |                          |                       |
| DOCUMENT #                      |                                 | STREET ADDRESS           |                       |
| NAME                            |                                 | CITY-ST-ZIP              |                       |
| STREET ADDRESS                  |                                 |                          |                       |
| CITY-ST-ZIP                     |                                 |                          |                       |
| DOCUMENT #                      |                                 | STREET ADDRESS           |                       |
| NAME                            |                                 | CITY-ST-ZIP              |                       |
| STREET ADDRESS                  |                                 |                          |                       |
| CITY-ST-ZIP                     |                                 |                          |                       |
| DOCUMENT #                      |                                 | STREET ADDRESS           |                       |
| NAME                            |                                 | CITY-ST-ZIP              |                       |
| 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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** \_\_\_\_\_ **DATE** 9-4-166-6300 **Daytime Phone #**

CR2E003 (11/00)