

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A 95000000122*
 1. Entity Name
THE STANLEY YOUNG FAMILY LIMITED PARTNERSHIP

FILED
 Feb 29 2000 8:00 am
 Secretary of State

Principal Place of Business Mailing Address
3353 NW 74 AVE SAME
MIAMI FL 33122

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number *65-0552744* Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NELSON, MARY ESQ
19495 BISCAYNE BLVD STE 606
AVENTURA, FL 33180-2320

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 *[Signature]* DATE *3/17/00*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
 9. Capital Contributions as Shown on record *\$1,000.000* 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 #	<i>P 94000092701</i>	STREET ADDRESS		
NAME	<i>STANLEY YOUNG FAMILY HOLDINGS</i>	CITY-ST-ZIP		
STREET ADDRESS	<i>3353 NW 74 AVE</i>	STREET ADDRESS		
CITY-ST-ZIP	<i>MIAMI FL 33122</i>	CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: *[Signature]* KENNETH YOUNG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date *2/23/00* Daytime Phone #

CR2E003 (9/99)