

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000638**

1. Entity Name

**SLK, LTD.**

FILED

02 FEB -6 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5700 LAKE WORTH ROAD, SUITE 312-A LAKE WORTH FL 33463</b>	Mailing Address <b>2888 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number <b>65-0708703</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LERNER, ALLAN M ESQ. C/O LERNER &amp; PEARCE, P.A. 2888 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306</b>
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7. Name and Address of New Registered Agent Name <b>LERNER ALLAN M. ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>ALLAN M. LERNER, PA.</b> <b>2888 E. OAKLAND PARK BLVD</b> City <b>FT. LAUDERDALE</b> FL Zip Code <b>33306</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	
DOCUMENT #	<b>P95000030302</b>
NAME	<b>SLK, INC.</b>
STREET ADDRESS	<b>5700 LAKE WORTH ROAD, SUITE 312-A</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>700004917627--7</b> <b>-02/13/02-01109-026</b> <b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (9/01)