

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000919**

1. Entity Name

**SABA ROCK, LTD.**

FILED

02 MAY -1 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**4440 PGA BLVD., SUITE 402  
PALM BEACH GARDENS FL 33410**

Mailing Address

**236 BEACON LN  
TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

**4440 PGA Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 402**

City & State

City & State

**Palm Beach Gardens, FL**

Zip

Country

Zip

**33410**

Country

**USA**

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0590214**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WOLLETT, CYLESTE A**

**4440 PGA BLVD., SUITE 402**

**PALM BEACH GARDENS FL 33410**

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

DATE

9. Capital Contributions  
as Shown on record.

**\$4,950,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$371,250.**

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

DOCUMENT # **P95000047207**  
NAME **SABA ROCK VENTURES, INC.**  
STREET ADDRESS **4440 PGA BLVD., SUITE 402**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**400005506014--5**  
**-05/13/02--01047--020**  
**\*\*\*526.25 \*\*\*526.25**

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 #

**561 622-0800**

CR2E003 (9/01)