

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00033568 AF

DOCUMENT # **A95000001076**

1. Entity Name

ODP, LTD.

01 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3195 POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069

Mailing Address

3195 POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069



2. Principal Place of Business

3. Mailing Address

1000 E. Hillsboro Boulevard
Ste 100
Deerfield Beach, FL 33441

1000 E. Hillsboro Boulevard
Ste 100
Deerfield Beach, FL 33441

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0665483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRENNER, SCOTT
3195 POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

SAME

1000 E. Hillsboro Boulevard
Ste 100
Deerfield Beach, FL 33441

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its register

SIGNATURE

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

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,184,721.05

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

DOCUMENT # **P94000080068**
NAME **3195, INC.**
STREET ADDRESS **3195 POWERLINE ROAD, SUITE 104**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1000 E. Hillsboro Boulevard**
CITY-ST-ZIP **Ste 100
Deerfield Beach, FL 33441**

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****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 #

CR2E003 (11/00)