

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000090**

1. Entity Name

**MEDICAL LEASING PARTNERS, LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:33

Principal Place of Business

1000 N.W. 9TH COURT, STE. 203  
BOCA RATON FL 33486

Mailing Address

1000 N.W. 9TH COURT, STE. 203  
BOCA RATON FL 33486-2268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2400 Coconut Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0485672

Applied For

Not Applicable

Zip

Country

Zip

Country

33432

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUDORAN, STELA

1000 N.W. 9TH COURT, STE. 203

BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

2400 Coconut Rd

City

Boca Raton

FL

Zip Code

33432

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$22,000.00

10. Amount of Capital Contributions

22,000.00

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TUDORAN, STELA TRUSTEE  
1000 N.W. 9TH COURT, STE. 203  
BOCA RATON FL 33486

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS  
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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: X **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stela Tudoran X 1/19/2000 (561) 395-9302  
Date Daytime Phone #