

2002 UNIFORM BUSINESS REPORT (UBR)

0000912 AV

DOCUMENT # A96000000715

1. Entity Name

DEMAR ENTERPRISES LTD.

FILED

02 APR -1 PM 12: 29

Principal Place of Business

Mailing Address

1172 SO. DIXIE HWY #481
CORAL GABLES FL 33146

1 S.E. 3RD AVENUE
STE 2130
MIAMI FL 33131

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0684796

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPROLITE CORPORATION
ONE S.E. 3RD AVENUE
STE 2130
MIAMI FL 33131

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.

\$7,950,000.00

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 # F96000001832
NAME STATON OPERATIONS, INC.
STREET ADDRESS 1172 S. DIXIE HWY #481
CITY-ST-ZIP CORAL GABLES FL 33146

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # ~~P960000097368~~ P96000097368
NAME DEMAR CAPITAL INVESTMENTS, INC.
STREET ADDRESS 1172 S. DIXIE HWY, STE 481
CITY-ST-ZIP MIAMI FL 33146

STREET ADDRESS

CITY-ST-ZIP

400005195494--5
-04/05/02--01047--028
****\$26.25 ****\$26.25

DOCUMENT #
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CITY-ST-ZIP

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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:

Albert H. Staton, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALBERT H. STATON, III 15/3/02 (305) 662-5504

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE