

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM  
Secretary of State

DOCUMENT # A96000001001

1. Entity Name

O.T.B. LIMITED PARTNERSHIP

Principal Place of Business

2600 FIORE WAY, BLDG 9 #101

DELRAY BEACH  
33445

FL

Mailing Address

2600 FIORE WAY, BLDG 9 #101

DELRAY BEACH  
33445

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0667577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F.S.A. CONCEPTS, INC.

2600 FIORE WAY, BLDG 9 #101

DELRAY BEACH  
33445

FL

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

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

DATE

9. Capital Contributions

as Shown on record. 891,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 891,000.00

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

F.S.A. CONCEPTS, INC.

940 SWEETWATER LANE, SUITE 212

BOCA RATON

FL 33431

STREET ADDRESS

2600 FIORE WAY BLDG #9 STE 101

CITY-ST-ZIP

DELRAY BEACH

FL 33445

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

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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: David Lerner

04/28/2000