

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001078**

1. Entity Name

**FINANCIAL WEST, LTD.**

FILED

01 MAY 16 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2787 E. OAKLAND PARK BLVD., SUITE 205-6  
FT. LAUDERDALE FL 33306

Mailing Address

2787 E. OAKLAND PARK BLVD., SUITE 205-6  
FT. LAUDERDALE FL 33306

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0674428**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FESSLER, CLAUD D**

2787 E. OAKLAND PARK BLVD., SUITE 205-6  
FT. LAUDERDALE FL 33306

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 *Karim Kepinski*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04.20.01**

9. Capital Contributions  
as Shown on record.

**\$800,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$800,000.00**

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.

**S26.25**

12. GENERAL PARTNER INFORMATION  
DOCUMENT # **P96000018631**  
NAME **POLICE TODAY PUBLISHING GROUP, INC.**  
STREET ADDRESS **2787 E. OAKLAND PARK BLVD., SUITE 205-6**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

*Karim Kepinski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**05.14.01 (954) 564-7573**

Date

Daytime Phone #

CR2E003 (11/00)

0006266 AF