

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001120

1. Entity Name

AHHI LIMITED PARTNERSHIP

FILED

00 JAN 21 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O RUBEN KLODA, ATLANTIC HOSIERY, INC.
4700 N.W. 132ND STREET
MIAMI FL 33054

Mailing Address

C/O RUBEN KLODA, ATLANTIC HOSIERY, INC.
4700 N.W. 132ND STREET
MIAMI FL 33054-4314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0680654

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

KLODA, RUBEN
C/O ATLANTIC HOSIERY, INC.
4700 N.W. 132ND STREET
MIAMI FL 33054

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$635,866.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

RUBEN KLODA, TRUSTEE
C/O ATLANTIC HOSIERY, 4700 N.W. 132ND ST.
MIAMI FL 33054

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #