

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001223

1. Entity Name  
OXBRIDGE, LTD.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB -3 PM 2:17

Principal Place of Business  
2574 N. UNIVERSITY DRIVE, SUITE 202  
FORT LAUDERDALE FL 33322

Mailing Address  
2574 N. UNIVERSITY DRIVE, SUITE 202  
FORT LAUDERDALE FL 33322-3045

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0677356 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WILEN, BARRY A  
2574 N. UNIVERSITY DRIVE, SUITE 202  
FORT LAUDERDALE FL 33322

7. Name and Address of New Registered Agent  
Name: Josh Bennett  
Street Address (P.O. Box Number is Not Acceptable): 511 NE 3rd Avenue, 2nd floor  
City: Ft. Lauderdale FL Zip Code: 33307

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] (NOTE: Registered Agent signature required when reinstating) DATE: 1/16/00

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date. 68164

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 #	DANZIG, WILLIAM H	STREET ADDRESS	
NAME	2574 N. UNIVERSITY DRIVE, SUITE 202	CITY - ST - ZIP	
STREET ADDRESS	FORT LAUDERDALE FL 33322		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: William Danzig  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 1/17/00 Daytime Phone: (954) 742-0450

0006747 AF  
CR2E003 (9/99)