

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001257

1. Entity Name

CEMAC INTERNATIONAL, LTD.

FILED

Principal Place of Business

1790 HAMMOCK DR.  
AMELIA ISLAND FL 32034

Mailing Address

1790 HAMMOCK DR.  
AMELIA ISLAND FL 32034

01 JAN 29

AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0713137

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

Name

MELTZER, C. CURTIS  
1790 HAMMOCK DR.  
AMELIA ISLAND FL 32034

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.

\$1,500,000.00

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 #	P96000055885	STREET ADDRESS	200003662272--6
NAME	CEMAC INTERNATIONAL, INC.	CITY-ST-ZIP	-02/08/01-01034-025
STREET ADDRESS	1790 HAMMOCK DR.		****526.25 ****526.25
CITY-ST-ZIP	AMELIA ISLAND FL 32034		
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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: *C. Meltzer* Date: 21 Jan 01 Daytime Phone # 904)321-2489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER