

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001375**

1. Entity Name

SAMPLE 95 ASSOCIATES, LTD.

FILED

00 MAR 14 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPANO BEACH FL 33064	Mailing Address 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPANO BEACH FL 33064-2242
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0694434	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AZOUT, JACK
2100 PARK CENTRAL BLVD. N.
SUITE 900
POMPANO BEACH FL 33064

Name **THEODORE J. KLEIN**
Street Address (P.O. Box Number is Not Acceptable)
88-168 STREET NE
City **NORTH MIAMI BEACH** FL Zip Code **33160**

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]* DATE **3/9/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$3,430,000.00**

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 #	P96000061336
NAME	SAMPLE 95, INC.
STREET ADDRESS	2100 PARK CENTRAL BLVD. N., #900
CITY - ST - ZIP	POMPANO BEACH FL 33064

STREET ADDRESS	
CITY - ST - ZIP	9000003191679--5 03/31/00 01056-019 ***535.00 ***535.00

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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

3/9/00
Date Daytime Phone #

CR 11 003 (9/95)