

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000001495**

1. Entity Name

**WIBORG PROPERTIES LTD.**

FILED

02 JAN -9 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**



Principal Place of Business

600 W. 83 STREET  
HIALEAH FL 33014

Mailing Address

10323 SW 26 STREET  
DAVIE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

65-0685906

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

7. Name and Address of New Registered Agent

~~SOUTHWEST-FLORIDA RESIDENT AGENTS INC.~~  
200 SOUTH BISCAYNE BLVD.  
4750 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P96000059641</b> <b>WIBORG PROPERTIES COMPANY, INC.</b> <b>600 W, 83 STREET</b> <b>HIALEAH FL 33014</b>
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400004778844--9</b>
CITY-ST-ZIP	<b>-01/16/02--01081--006</b> <b>****141.25 ****141.25</b>
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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]* **WIBORG V.P.** 1/5/02 954 4248725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)