

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012067 AT

DOCUMENT # A96000001778

1. Entity Name

FANOMINA, LTD.

FILED

02 FEB 27 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

20969 CERTOSA TERRACE  
BOCA RATON FL 33433

Mailing Address

20969 CERTOSA TERRACE  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0705323

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

GOLDING, STEPHEN M  
1475 WEST CYPRESS CREEK ROAD, SUITE 204  
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

MERRILL A BOOKSTEIN

Street Address (P.O. Box Number is Not Acceptable)

20969 CERTOSA TERRACE

BOCA RATON

City

FL

Zip Code

33433

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.

MERRILL A BOOKSTEIN

1/17/02  
DATE

9. Capital Contributions  
as Shown on record.

\$990.00

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 # V69593  
NAME LEXIE & ASSOCIATES, INC.  
STREET ADDRESS 20969 CERTOSA TERRACE  
CITY-ST-ZIP BOCA RATON FL 33433

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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

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MERRILL A BOOKSTEIN

Date

1/17/02

Daytime Phone #

561-361-9454

CR2E003 (9/01)