

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002133**

1. Entity Name
SK PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 10:22



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business
**1375 NO. COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

Mailing Address
**1375 NO. COURTENAY PARKWAY
MERRITT ISLAND FL 32953-4470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3411442**

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

**SAMIR EL KABANI
1375 NO. COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$40,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **120,500**

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 **SAMIR EL KABANI**
STREET ADDRESS **1375 NO. COURTENAY PARKWAY**
CITY - ST - ZIP **MERRITT ISLAND FL 32953**

STREET ADDRESS

CITY - ST - ZIP

000003227640--4
-04/28/00--01008--010
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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: **SIGNATURE** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2. 17. 2000
Date Daytime Phone #

CR2E003 (9/99)