

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002133**

1. Entity Name

**SK PARTNERSHIP, LTD.**

**FILED**

**01 APR 16 PM 12:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1375 NO. COURTENAY PARKWAY  
MERRITT ISLAND FL 32953**

Mailing Address

**1375 NO. COURTENAY PARKWAY  
MERRITT ISLAND FL 32953**

2. Principal Place of Business

**1725 South Tropical Tr.**

3. Mailing Address

**1725 South Tropical Tr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Merritt Island, FL**

City & State

**Merritt Island, FL**

4. FEI Number

**59-3411442**

Applied For

Not Applicable

Zip

**32952**

Country

Zip

**32952**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SAMIR EL KABANI**

**1375 NO. COURTENAY PARKWAY**

**MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name

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

**1725 South Tropical Trail**

City

**Merritt Island**

**FL**

Zip Code

**32952-5206**

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.

**\$120,500.00**

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 #

NAME

**SAMIR EL KABANI**

STREET ADDRESS

**1375 NO. COURTENAY PARKWAY**

CITY-ST-ZIP

**MERRITT ISLAND FL 32953**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**1725 South Tropical trail**

CITY-ST-ZIP

**Merritt Island, FL 32952-5206**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**SAMIR ELKABANI**

Date

Daytime Phone #

**(321) 452-7832**

CR2E003 (11/00)