## 2000 UNIFORM BUSINESS REPORT (UBR)

the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes

## FILED Apr 25, 2000 08:00 AM Secretary of State DOCUMENT # A9700000138 1. Entity Name SHASAM-37, LTD. Principal Place of Business Mailing Address : 1665 PALM BEACH LAKES BLVD., SUITE 600 1665 PALM BEACH LAKES BLVD., SUITE 600 WEST PALM BEACH $\mathbf{FL}$ WEST PALM BEACH $\mathbf{FL}$ 33401 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>65-0719970</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHERRY RICHARD G 1665 PALM BEACH LAKES BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 600 FLWEST PALM BEACH 33401 City 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 (NOTE: Registored Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capital Contributions 11: MAKE CHECK PAYABLE TO DEPT OF STATES in FLORIDA to date. 100.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS VALAF SHASAM-37, INC. STREET ADDRESS 1665 PALM BEACH LAKES BLVD., SUITE 600 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS VAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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