

2001 UNIFORM BUSINESS REPORT (UBR)

0012822 AF

DOCUMENT # A97000000666

1. Entity Name

B.P. COMMERCIAL LIMITED PARTNERSHIP

FILED

01 MAY -7 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 28134
PANAMA CITY FL 32411-8134

Mailing Address

P.O. BOX 28134
PANAMA CITY FL 32411-8134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3433434

Applied For

Not Applicable

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

SARAH HELENE SHARP
25 SE SECOND AVE., SUITE 1020
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.

(NOT Registered Agent's signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$240,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

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 # P97000022751
NAME B.P. TANGO INC.
STREET ADDRESS 3900 MARRIOTT DRIVE, SUITE K
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

STREET ADDRESS

CITY-ST-ZIP

100004314651--2

STREET ADDRESS

CITY-ST-ZIP

05/24/01 01026-004
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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:

SARAH HELENE SHARP

April 30, 2001 (305)372-5900

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, B.P. Tango, Inc.

Date

Daytime Phone #

CR2E003 (11/00)