

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005088 AF

**DOCUMENT #** A97000000888  
**1. Entity Name**  
 SKF ENTERPRISES, LTD.

**FILED**  
 01 FEB 16 AM 9:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business** 9999 COLLINS AVENUE. APT. 16-B  
 BAL HARBOR FL 33154  
**Mailing Address** 9999 COLLINS AVENUE. APT. 16-B  
 BAL HARBOR FL 33154



**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE  
**4. FEI Number** 65-0750788  
 Applied For Not Applicable  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 DANIELS, NICHOLAS M ESQ.  
 SUNTRUST INTERNATIONAL CENTER  
 ONE S.E. 3RD AVENUE, SUITE 2400  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions as Shown on record.** \$11,942,776.51  
**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 #	P97000035910
NAME	SHIRFLET, INC.
STREET ADDRESS	9999 COLLINS AVENUE, APT. 16-B
CITY-ST-ZIP	BAL HARBOR FL 33154
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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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** *Shirley K. Fletcher* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Shirley K Fletcher President  
 Date: 2/13/01 Daytime Phone #: (305) 523 1809

CR2E003 (11/00)