

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000978**

1. Entity Name

AFCO FINANCE LIMITED PARTNERSHIP

Principal Place of Business

**3650 N. FEDERAL HWY., SUITE 202
LIGHTHOUSE POINT FL 33064**

Mailing Address

**3650 N. FEDERAL HWY., SUITE 202
LIGHTHOUSE POINT FL 33064-6649**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 23 PM 1:29



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0759436

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

SCHAEFFER, JOHN T

1633 SE 6TH STREET

DEERFIELD BEACH FL 33441

Name

MALCOLM BERMAN

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

3650 N FEDERAL HWY

City

LIGHTHOUSE POINT

FL

Zip Code

33064

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

MALCOLM BERMAN Malcolm Berman

6-19-00

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.

\$100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000039371**
NAME **AFCO FINANCE CORPORATION**
STREET ADDRESS **1633 SE 6TH STREET**
CITY - ST - ZIP **DEERFIELD BEACH FL 33441**

STREET ADDRESS

3650 N FEDERAL HWY

CITY - ST - ZIP

LIGHTHOUSE POINT FL 33064

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CITY - ST - ZIP

800003258908-9

-05/19/00-01028-004

******300.00 ****150.00**

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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:

MALCOLM BERMAN Malcolm Berman

4-28-00

954-943-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #