

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001063

1. Entity Name

MB PARTNERS, LTD.

Principal Place of Business

222 W. COMSTOCK AVE., SUITE 210
WINTER PARK FL 32789

Mailing Address

PO BOX 2146
WINTER PARK FL 32790-2146

FILED

00 JAN 14 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 S. Pennsylvania Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32789

Country

US

Country

4. FEI Number

59-3452121

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALTSMAN, ROBERT P

222 W. COMSTOCK AVE., SUITE 210

WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

222 S. Pennsylvania Ave.

Suite 200

City

Winter Park,

FL

Zip Code

32789

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.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$990.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

L55212

SHL, INC.

222 W. COMSTOCK AVE., SUITE 210

WINTER PARK FL 32789

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

222 S. Pennsylvania Ave., Suite 210

Winter Park, FL 32789

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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

SIGNATURE:

Robert Saltsman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/7/00

407-647-20

Date Daytime Phone #