

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012998 AT

DOCUMENT # A97000001263

1. Entity Name

ARTZIBUSHEV - UNIVERSITY ONE, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -1 PM 3:28

h2  
3/6

Principal Place of Business

1525 WEST HILLSBOROUGH AVENUE  
TAMPA FL 33603

Mailing Address

1525 WEST HILLSBOROUGH AVENUE  
TAMPA FL 33603



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3451783

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

ARTZIBUSHEV, DIMITRI  
1525 WEST HILLSBOROUGH AVENUE  
TAMPA FL 33603

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.

DATE

9. Capital Contributions  
as Shown on record.

\$600,000.00

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 # V63904  
NAME ARTZIBUSHEV HOLDINGS, INC.  
STREET ADDRESS 1525 WEST HILLSBOROUGH AVENUE  
CITY-ST-ZIP TAMPA FL 33603

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS 600005063816--6  
-03/07/02--01034--014  
CITY-ST-ZIP \*\*\*\*\*535.00 \*\*\*\*\*535.00

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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/02

813-237-0529  
Daytime Phone #

CR25E03 (9/01)