

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001494

1. Entity Name

BECKER VENTURES, LTD.

FILED

00 MAY -2 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3228-5 SW MARTIN DOWNS, BLVD.
PALM CITY FL 34990

Mailing Address

1767 SENTRY PARKWAY WEST, SUITE 200
BLUE BELL PA 19422-2219

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

65-0774691

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

HANSEN, E.F. JR.

28 ST. THOMAS DRIVE

PALM BEACH GARDENS FL 33404

Name

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

512 Sweet Bay Circle

City Jupiter

FL

Zip Code

33458

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

6,088,223

10. Amount of Capital Contributions
in FLORIDA to date.

6,088,223

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 # P97000106611
NAME COMMONWEALTH INVESTORS, INC.
STREET ADDRESS 1767 SENTRY PARKWAY WEST, SUITE 200
CITY - ST - ZIP BLUE BELL PA 19422

STREET ADDRESS

CITY - ST - ZIP

FF \$526.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/00

561-219-1003

Date

Daytime Phone #

CR2E003 (9/99)