

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

02 APR 19 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A97000001744**

1. Entity Name

THE SYDEL SINGER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

C/O NELSON & FELDMAN, P.A.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

Mailing Address

C/O NELSON & FELDMAN, P.A.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154



2. Principal Place of Business

1111 Kane Concourse

3. Mailing Address

1111 Kane Concourse

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

DUE BY MAY 1, 2002

City & State

Bay Harbor Islands, FL

City & State

Bay Harbor Islands, FL

4. FEI Number

65-0753946

Applied For

Not Applicable

Zip

Country

33154

USA

Zip

Country

33154

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NELSON, THEODORE R ESQ.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent

Name

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

1111 Kane Concourse

Suite 200

City

Bay Harbor Islands,

FL

Zip Code
33154

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.

\$1,000,000.00

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 # **P98000065176**
NAME **SYDEL SINGER FAMILY CORPORATION**
STREET ADDRESS **1135 KANE CONCOURSE**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

STREET ADDRESS **1111 Kane Concourse - Suite 211**
CITY-ST-ZIP **Bay Harbor Islands, FL 33154**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

~~800005451918-8~~
~~-05/16/02-01013-005~~
~~***526.25 ***526.25~~

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

Kenneth Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kenneth Walker, President 04-03-02 305 865-5716
Date Daytime Phone #

CR2E003 (9/01)