

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006079 AF

DOCUMENT # A97000001905

1. Entity Name

SURF ASSOCIATES, LTD.

FILED

01 JUN 25 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1132 KANE CONCOURSE, LEVEL TWO  
BAY HARBOR ISLAND FL 33154

Mailing Address  
1132 KANE CONCOURSE, LEVEL TWO  
BAY HARBOR ISLAND FL 33154

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0780144  
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

SKLAR, NEAL I  
1132 KANE CONCOURSE, LEVEL TWO  
BAY HARBOR ISLAND FL 33154

Name NEAL SKLAR  
Street Address (P.O. Box Number is Not Acceptable) 2500 Western Rd #313  
City FT. Lauderdale FL Zip Code 33331

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 DATE 4/18/01  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$11,000.00  
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 #	P97000057674		STREET ADDRESS		
NAME	G S SURF, INC.		CITY-ST-ZIP		
STREET ADDRESS	1132 KANE CONCOURSE, LEVEL TWO				
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154				
DOCUMENT #			STREET ADDRESS		
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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

4/18/01

805-8667096

Date

Daytime Phone #

CR2E003 (11/00)