

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002588**

1. Entity Name  
**WORLD PARTNER ENTERPRISES, LTD.**

Principal Place of Business  
**3101 N. STATE ROAD 7  
HOLLYWOOD FL 33021**

Mailing Address  
**3101 N. STATE ROAD 7  
HOLLYWOOD FL 33021-2102**

2. Principal Place of Business  
**8655 Pines Blvd**

3. Mailing Address  
**8655 Pines Boulevard**

Suite, Apt. #, etc.

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33024**

Country  
**USA**

4. FEI Number  
**65-0801668**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SINGER, BERNARD A ESQUIRE  
4925 A SHERIDAN ST.  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$10,000,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>A97000002521 CARROLL FAMILY ENTERPRISES, LTD. 3101 N. STATE ROAD 7 HOLLYWOOD FL 33021</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>8655 Pines Boulevard Pembroke Pines, FL 33024</b>
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<b>300003178533--7 03/21/00--01107--016 ****526.25 ****526.25</b>
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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** **JAMES S CARROLL** **2/25/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
**954-443-7000**

FILED  
00 MAR 10 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)