

# 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  
Suite, Apt. #, etc.

3. Mailing Address

8655 Pines Boulevard  
Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip  
33024

Country  
USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 # A97000002521  
NAME CARROLL FAMILY ENTERPRISES, LTD.  
STREET ADDRESS 3101 N. STATE ROAD 7  
CITY - ST - ZIP HOLLYWOOD FL 33021

DOCUMENT #  
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CITY - ST - ZIP

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STREET ADDRESS  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

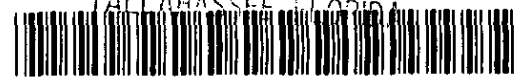
Daytime Phone #

James S Carroll 2/25/00  
954-443-7000

FILED

00 MAR 10 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)