

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002641**

1. Entity Name  
**ZOHLMAN, LTD.**

Principal Place of Business  
**% MACLEAN AND EMA  
2600 N.E. 14TH STREET CAUSEWAY  
POMPANO BEACH FL 33062**

Mailing Address  
**% MACLEAN AND EMA  
2600 N.E. 14TH STREET CAUSEWAY  
POMPANO BEACH FL 33062-8224**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0798462**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MACLEAN, LAURA G ESQUIRE  
% MACLEAN & EMA  
2600 NE 14TH STREET CAUSEWAY  
POMAPNO BEACH FL 33062**

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: **396,400,000.00** 10. Amount of Capital Contributions in FLORIDA to date: **\$30,000,000.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER IN 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 # **P97000103030**  
NAME **ZOHLMAN, INC.**  
STREET ADDRESS **3115 ROLLING ROAD**  
CITY - ST - ZIP **CHEVY CHASE MD 20815**

STREET ADDRESS  
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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/20/2000** **954-785-1900**  
Date Daytime Phone #

CR2E003 (3/93)