

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002683**

1. Entity Name

STEELER I, LTD.

FILED

02 JAN 23 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1512 E. BROWARD BLVD., SUITE 200
FORT LAUDERDALE FL 33301**

Mailing Address

**1512 E. BROWARD BLVD., SUITE 200
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0804350

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**MCCRORY, J. WALTER
1512 E. BROWARD BLVD., SUITE 200
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **KURT J. LANGSENKAMP**
Street Address (P.O. Box Number is Not Acceptable)
2700 N.E. 40TH STREET
City **FT. LAUDERDALE** FL Zip Code **33308**

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] **KURT J. LANGSENKAMP**

DATE

1/15/02

9. Capital Contributions
as Shown on record.

\$998.00

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 # **P98000014157**
NAME **740, INC.**
STREET ADDRESS **2700 N.E. 40TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **200004831872--7**
CITY-ST-ZIP **-01/28/02--01092--030**
******141.25 ****141.25**

DOCUMENT #
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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] **KURT J. LANGSENKAMP** 1/15/02 (954) 561-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)