

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002746

1. Entity Name

BALINT DRIVE MORTGAGE LTD.

FILED

02 MAR -5 AM 9: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O HERBERT SOBEL

3. Mailing Address

1773 WILTSHIRE VILLAGE

Suite, Apt. #, etc.

1773 WILTSHIRE VILLAGE

Suite, Apt. #, etc.

C/O HERBERT SOBEL

City & State

WELLINGTON FL

City & State

WELLINGTON, FL

Zip

33414

Country

Zip

33414

Country

4. FEI Number

65-0808813

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ROAD

City

PLANATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

9. Capital Contributions

as Shown on record. 935,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 935,000.00

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

SHERRY, WILLIAM

STREET ADDRESS

1773 WILTSHIRE VILLAGE DR.

CITY-ST-ZIP

WELLINGTON, FL 33414

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

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NAME

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-03/12/02--01065--027

*****535.00 *****535.00

**DO NOT WRITE
IN THIS SPACE**

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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:

William Sherry

WILLIAM SHERRY 914 793-1793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003B (12/01)

STAPLE CHECK HERE