

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002828**

1. Entity Name

**YBORPAR, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DO AUG 22 AM 10: 02

*[Handwritten signature]*

Principal Place of Business

3250 MARY STREET, SUITE #404  
MIAMI FL 33133

Mailing Address

3250 MARY STREET, SUITE #404  
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4016 Townfair Way**

Suite, Apt. #, etc.

**Suite 201**

City & State  
**Columbus OH**

Zip  
**43219**

Country  
**USA**

3. Mailing Address

**4016 Townfair Way**

Suite, Apt. #, etc.

**Suite 201**

City & State  
**Columbus OH**

Zip  
**43219**

Country  
**USA**

4. FEI Number

**65-0806337**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DOCKERTY, SUZANNE A**  
**% J. PATRICK FITZGERALD, P.A.**  
**110 MERRICK WAY, SUITE #3-B**  
**CORAL GABLES FL 33134**

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.

**\$2,500.00**

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 # **L95000000162**  
NAME **BAGHEERA INTEREST, L.C.**  
STREET ADDRESS **3250 MARY STREET, SUITE #404**  
CITY-ST-ZIP **MIAMI FL 33133**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
**500003280365--6**  
**-09/01/00--01063--006**  
**\*\*\*\*150.00 \*\*\*\*150.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)