2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 11:02

DOCUMENT # A98000000047

1. Entity Name

ACQUISITION GROUP, LTD.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 S. POINTE DRIVE	400 S. POINTE DRIVE
Suite, Apt. #, etc. SUITE 510	Suite, Apt. #, etc. SUITE 510
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139 Country USA	Zip 33139 Country USA

4. FEI Number 65-0806338 ☐ Applied For ☐ Not Applicable

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
EMANUEL BENJAMIN 1860 WEST AVENUE SUITE 220 MIAMI BEACH, FL 33140	Name BERNARD A. SINGER Street Address (P.O. Box Number is Not Acceptable) 4925 SHERIDAN STREET, SUITE A City HOLLYWOOD FL Zip Code 33021

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 _____ BERNARD A. SINGER 9/28/00
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. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
7,000	7,000	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #			
NAME	ACQUISITION GROUP MANAGEMENT, INC		
STREET ADDRESS	1860 WEST AVENUE, SUITE 220	STREET ADDRESS	400 S. POINTE DRIVE, SUITE 510
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			300003437043--4
NAME		STREET ADDRESS	-10/24/00--01086--001
STREET ADDRESS			****141.25 ****141.25
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DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/99)

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: Emanuel Benjamin, Pres. General Partner 9/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #