

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000170**

1. Entity Name

SQUARE ONE PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

Principal Place of Business

**1801 SOUTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483**

Mailing Address

**1801 SOUTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483**

2. Principal Place of Business

9/2005 International Holdings, Inc
1801 S. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#235

City & State

City & State

Deley Beach, FL

Zip

Country

Zip

Country

33483

USA

4. FEI Number

65-0808906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II

**9350 S. DIXIE HIGHWAY, SUITE 1550
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

William H. Milmo

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

**9/2005 International Holdings, Inc
1801 S. Federal Hwy #235**

City

Deley Beach

FL

Zip Code

33483

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

William H. Milmo, Secy. Delray Historic Inc **7/7/00**

9. Capital Contributions
as Shown on record.

\$2,376,000.00

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 # **P97000055264**
NAME **DELRAY HISTORIC, INC.**
STREET ADDRESS **1801 SOUTH FEDERAL HIGHWAY**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/7/00

Date

Daytime Phone #

CR2E003 (5/00)