

2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # **A98000000612**

1. Entity Name
NEWPAR, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 22 AM 10: 02

Principal Place of Business
3250 MARY STREET, SUITE 404
MIAMI FL 33133

Mailing Address
3250 MARY STREET, SUITE 404
MIAMI FL 33133



2. Principal Place of Business
4016 Tounstair Way

3. Mailing Address
4016 Tounstair Way

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Columbus OH

City & State
Columbus OH

Zip
43219

Country
USA

Zip
43219

Country
USA

4. FEI Number
65-0822211

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 _____ (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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L95000000162	STREET ADDRESS	
NAME	BAGHEERA INTEREST, L.C.	CITY-ST-ZIP	100003380361--9
STREET ADDRESS	3250 MARY STREET, SUITE 404		09/01/00 01063 004
CITY-ST-ZIP	MIAMI FL 33133		****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: **Suzanne A. Dockerty**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (5/00)