

2000 UNIFORM BUSINESS REPORT (UBR)

0002516 AF

DOCUMENT # A98000000705

1. Entity Name
INTERNATIONAL-REPUBLIC ASSOCIATES LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business
**5401 KIRKMAN ROAD, SUTIE 725
ORLANDO FL 32819**

Mailing Address
**5401 KIRKMAN ROAD, SUTIE 725
ORLANDO FL 32819-7912**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3499001**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KHATIB, RASHID A
5401 KIRKMAN ROAD, SUTIE 725
ORLANDO FL 32819**

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. **\$3,000,000.00**

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000016432	STREET ADDRESS	<div>200003247062-5</div> <div>-05/10/00-01094-009</div> <div>***526.25 ***526.25</div>	
NAME	INTERNATIONAL-REPUBLIC ASSOCIATES, INC.	CITY - ST - ZIP		
STREET ADDRESS	5401 KIRKMAN ROAD, SUTIE 725			
CITY - ST - ZIP	ORLANDO FL 32819			
DOCUMENT #		STREET ADDRESS		
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Rashid A. Khatib 2/25/00 407-354-2200

(6846) 1000 E-1