

2001 UNIFORM BUSINESS REPORT (UBR)

008915 AF

DOCUMENT # **A98000000996**

1. Entity Name

COTE D'AZURE, LTD.

FILED

01 FEB 21 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2573 N.W. 59TH STREET
BOCA RATON FL 33496**

Mailing Address

**2573 N.W. 59TH STREET
BOCA RATON FL 33496**

2. Principal Place of Business

2325 S. Ocean Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

City & State

4. FEI Number

65-0835047

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SATALINO, MARTIN
2573 N.W. 59TH STREET
BOCA RATON FL 33496**

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.

\$750,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

750,000.00

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 # **L97000001144**
NAME **MANAGEMENT SYSTEMS WORLDWIDE, L.C.**
STREET ADDRESS **2573 N.W. 59TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33496**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500003768735--2

-02/26/01--01151--010

******526.25 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARTIN SATALINO

2/14/01

561 266 9580

Date

Daytime Phone #

CR2E003 (11/00)