

2002 UNIFORM BUSINESS REPORT (UBR)

0012861 AT

DOCUMENT # A98000000996

1. Entity Name

COTE D'AZURE, LTD.

FILED

02 APR -9 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2325 S. OCEAN BLVD.
DELRAY BEACH FL 33483

Mailing Address

2325 S. OCEAN BLVD.
DELRAY BEACH FL 33483



2. Principal Place of Business

3. Mailing Address

2573 NW 59TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FLORIDA

Zip

Country

Zip

33496

Country

4. FEI Number

65-0835047

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

DATE

9. Capital Contributions
as Shown on record.

\$750,000.00

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

STREET ADDRESS

CITY-ST-ZIP

100005258101--3

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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*****535.00 *****535.00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARTIN SATALINO

4-5-02

561-542-7755

Date

Daytime Phone #

CR2E003 (9/01)

STATE CHECK NAME