

# 2000 UNIFORM BUSINESS REPORT (UBR)

1003376 AF

DOCUMENT # **A98000001896**

1. Entity Name

**UNIVERSITY TRADING, LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

4691 N. UNIVERSITY DRIVE, SUITE 424  
CORAL SPRINGS FL 33067

Mailing Address

4691 N. UNIVERSITY DRIVE, SUITE 424  
CORAL SPRINGS FL 33067-4620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4630 N. University DR.**

3. Mailing Address

**4630 N. University DR.**

Suite, Apt. #, etc.

**# 424**

Suite, Apt. #, etc.

**# 424**

City & State

**Coral Springs FL**

City & State

**Coral Springs FL**

Zip

**33067**

Country

**USA**

Zip

**33067**

Country

**USA**

4. FEI Number

**65-0858216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PALUMBO, WENDY**

**4691 N. UNIVERSITY DRIVE, SUITE 424**

**CORAL SPRINGS FL 33067**

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

*Wendy Palumbo*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/11/00*

9. Capital Contributions  
as Shown on record.

**\$75,100.00**

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 # **L98000001273**  
NAME **UNIVERSITY TRADING, L.C.**  
STREET ADDRESS **4691 N. UNIVERSITY DRIVE, SUITE 424**  
CITY - ST - ZIP **CORAL SPRINGS FL 33067**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

**9000003230309--2**  
**-05/01/00--01010--013**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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:

*Wendy Palumbo*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*4/11/00*

CR2E003 (9/99)