

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 08:00 AM

Secretary of State

DOCUMENT # A98000001902

1. Entity Name
NOBLE MERCHANT BANKING PARTNERS I LIMITED PARTNERSHIP

Principal Place of Business
1801 CLINT MOORE ROAD, #110
BOCA RATON FL 33487

Mailing Address
1801 CLINT MOORE ROAD, #110
BOCA RATON FL 33487

2. Principal Place of Business
6501 CONGRESS AVENUE SUITE 100
Suite, Apt. #, etc.

3. Mailing Address
6501 CONGRESS AVENUE SUITE 100
Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33487

Country

Zip
33487

Country

4. FEI Number
65-0860585

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY, SUITE 300

PALM BEACH FL 33480 US

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 _____ DATE 01/29/2001

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. 25,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 25,000,000.00

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 #
NAME NOBLE MERCHANT BANKING, LLC.
STREET ADDRESS 1801 CLINT MOORE ROAD, #110
CITY-ST-ZIP BOCA RATON FL 33487

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 6501 CONGRESS AVENUE SUITE 100
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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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: Nico Pronk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

D 01/29/2001

Date

Daytime Phone #

CR2E003 (11/00)