

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010060 AT

DOCUMENT # A98000001971



1. Entity Name
HOLLYKINS II LIMITED PARTNERSHIP

FILED
03 FEB 21 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business
C/O MINAZ PORBANDERWALA
5840 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143

Mailing Address
C/O MINAZ PORBANDERWALA
5840 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143

2. Principal Place of Business
SAME -

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY-MAY 1, 2003

4. FEI Number 22-3602894

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PORBANDERWALA, MINAZ
5840 SOUTH DIXIE HIGHWAY
SOUTH FL 33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date. - 0 -

11. MAKE CHECK PAYABLE TO FL. 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 # B98000000525
NAME ALADIN LIMITED PARTNERSHIP
STREET ADDRESS 199 MARIOMI ROAD
CITY-ST-ZIP NEW CANAAN CT 06840

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200012966622
02/21/03 01083 010 **141.25

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: *MINAZ PORBANDERWALA* MINAZ PORBANDERWALA 02/05/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)