

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001984**

1. Entity Name

SFAP, LTD.

Principal Place of Business

**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

Mailing Address

**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

300 SE 2nd Street

Suite, Apt. #, etc.

3. Mailing Address

300 SE 2nd Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip
33301

Country

City & State

Ft. Lauderdale, FL

Zip
33301

Country

4. FEI Number

65-0885288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DUKE, BRYAN W ESQ.

6400 NORTH ANDREWS AVENUE

FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Patricia Jones

Street Address (P.O. Box Number is Not Acceptable)

c/o Stiles Corporation

300 SE 2nd Street

City

Ft. Lauderdale, FL

FL

Zip Code
33301

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

Patricia Jones
Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

2/21/01

9. Capital Contributions
as Shown on record.

\$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$5,000.00

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 # **P98000073810**
NAME **SFAP, INC.**
STREET ADDRESS **6400 NORTH ANDREWS AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **300 SE 2nd Street**

CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

STREET ADDRESS

CITY-ST-ZIP

3000004217729--6

-05/15/01--01095--024

******141.25 ****141.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patricia Jones
Patricia Jones

Date

2/21/01

954/627-9300

Daytime Phone #

APPROVED
AND
FILED

01 APR 30 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)

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