

2001 UNIFORM BUSINESS REPORT
DOCUMENT # A98000002085

1. Entity Name

B.C. FUTURES, LTD.

Principal Place of Business

5700 MEMORIAL HIGHWAY, STE. 210
TAMPA FL 33615

Mailing Address

5700 MEMORIAL HIGHWAY, STE. 210
TAMPA FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 NOV 21 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001

4. FEI Number 59-3532711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELAEZ, EDWARD A JR

5700 MEMORIAL HIGHWAY, STE. 210
TAMPA FL 33615

Name

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

LP Remists.

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

SIGNATURE

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

(NOTE: Register

9. Capital Contributions
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contr
in FLORIDA to date.

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 AG 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 # P98000058475
NAME WORLD CAPITAL FUTURES, INC.
STREET ADDRESS 5700 MEMORIAL HIGHWAY, STE. 210
CITY-ST-ZIP TAMPA FL 33615

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

10/31/01

Daytime Phone #

0001681 AT

CR2E003 (5/01)

RESTATEMENT 2001