

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -5 PM 5:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**

**MJH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3532711**

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

**800018003358  
05/05/03--01037--023 \*\*526.25**

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. **\$10,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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**

**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

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5-1-03**

Date

DayTime Phone #

CR2E003 (10/02)