2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002626

1. Entity Name

CROMBET, LTD.

FILED

00 JAN 19 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7080 N.W. 4TH STREET PLANTATION FL 33317	7080 N.W. 4TH STREET PLANTATION FL 33317-2201

	2. Principal Place of Business	3. Mailing Address
Address	350 East Las Olas Blvd.	350 East Las Olas Blvd.
Suite, Apt. #, etc.	Suite 1420	Suite 1420
City & State	Fort Lauderdale, Fl	Fort Lauderdale, Fl
Zip	33301	33301
Country		

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR 65-0878718 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAMON A
7080 N.W. 4TH STREET
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 350 East Las Olas Blvd.
Suite 1420
City: Fort Lauderdale 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 [signature] DATE 1/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $990.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000098219	STREET ADDRESS	
NAME	CROMBET, INC.		
STREET ADDRESS	7080 N.W. 4TH STREET	CITY - ST - ZIP	
CITY - ST - ZIP	PLANTATION FL 33317		
DOCUMENT #		STREET ADDRESS	400003112354--6 -01/27/00--01019--005 ****141.25 ****141.25
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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] R A RODRIGUEZ 1/11/00 954-202-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #