

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002728

1. Entity Name

FOUR STAR REALTY OF BROWARD COUNTY, LTD.

Principal Place of Business

3121 N.E. 48TH STREET  
LIGHTHOUSE POINT FL 33064

Mailing Address

3121 N.E. 48TH STREET  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip

Country

4. FEI Number

65-0880203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PAGLIARO, BRENDA F  
3121 N.E. 48TH STREET  
LIGHTHOUSE POINT FL 33064

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.

SIGNATURE

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

(NOT

Registered Agent signature required when reinstating)

DATE

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 this form; an amendment must be filed to change a general partner.

## 12. GENERAL PARTNER INFORMATION

## 13.

## ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P98000095670  
FOUR STAR REALTY MANAGEMENT, INC.  
3121 N.E. 48TH STREET  
LIGHTHOUSE POINT FL 33064

STREET ADDRESS

CITY-ST-ZIP

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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: *W. DENNIS EMERY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/01 (954) 771-8300  
Date Daytime Phone #

FILED  
01 MAY -1 PM 5:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)