## 2002 UNIFORM BUSINESS REPORT (UBR)

## APPRUYEL AND A99000000042 **DOCUMENT #** 1. Entity Name 02 APR 25 PM 2: 13 ENTRADA TECHNOLGIES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1300 ALLENDALE ROAD 1300 ALLENDALE ROAD WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State 4. FEI Number Applied For City & State 65-0966710 Not Applicable Zip Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEAN P. KIERNAN Street Address (P.O. Box Number is Not Acceptable) 1300 ALLENDALE ROAD **WEST PALM BEACH FL 33405** Zip Code City 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 Floridal SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10, Amount of Capital Contributions 9. Capital Contributions \$10.000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P98000095794 DOCUMENT # STREET ADDRESS ENTRADA TECHNOLOGIES MANAGEMENT, INC. NAME 1300 ALLENDALE ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS -05/03/02--01064--014 CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 🐇 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZÎP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

23/2002 Davtime Phone #

CR2E003 (9/01)