

2001 UNIFORM BUSINESS REPORT (UBR)

0006437 AF

DOCUMENT # A99000000572

1. Entity Name

S/TWS, LTD.

Principal Place of Business
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309

Mailing Address
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309

FILED

01 APR 30 PM 3:53

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 SE 2nd Street
Suite, Apt. #, etc.

3. Mailing Address
300 SE 2nd Street
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
65-0911389

Applied For
Not Applicable

Zip Country
33301

Zip Country
33301

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

DUKE, BRYAN W ESQ.
6400 NORTH ANDREWS AVENUE, 5TH FLOOR
FORT LAUDERDALE FL 33309

Name
Patricia Jones
Street Address (P.O. Box Number is Not Acceptable)
c/o Stiles Corporation
300 SE 2nd Street
City
Ft. Lauderdale, FL 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 *Patricia Jones*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/01

9. Capital Contributions
as Shown on record. 315,010.50

10. Amount of Capital Contributions
in FLORIDA to date 8375,010.50

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 # P99000032116
NAME S/TWS, INC.
STREET ADDRESS 6400 NORTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

STREET ADDRESS 300 SE 2nd Street
CITY-ST-ZIP Ft. Lauderdale, FL 33301

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP FF 8526.25

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS 400004219274--6
CITY-ST-ZIP -05/16/01--01019--016
*****526.25 *****526.25

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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: *Terry W. Stiles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/26/01

Date

954/627-9300

Daytime Phone #

CR2E003 (11/00)