

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000000609**

1. Entity Name  
**E HOLDINGS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10441 ALTA ROAD JACKSONVILLE FL 32226	Mailing Address 10441 ALTA ROAD JACKSONVILLE FL 32226-2301
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HAKIMAIN, BENJAMIN S**  
10441 ALTA ROAD  
JACKSONVILLE FL 32226

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. **\$50,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>L99000002088</b> <b>E HOLDINGS, LLC</b> <b>10441 ALTA ROAD</b> <b>JACKSONVILLE FL 32226</b>
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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** *Benjamin Hakimian* **4/28/00** **904 757-1975**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #