

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR 18 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001409 AT

DOCUMENT # A99000000627

1. Entity Name

SORENSEN PARTNERSHIP, LTD.

Principal Place of Business

Mailing Address

2192 IMPERIAL POINT DRIVE
FORT LAUDERDALE FL 33308

2192 IMPERIAL POINT DRIVE
FORT LAUDERDALE FL 33308



2. Principal Place of Business

2800 West Stonebrook Circle

3. Mailing Address

2800 West Stonebrook Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

65-0913127

Applied For

Not Applicable

Zip

33330

Country

USA

Zip

33330

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.

2 SOUTH BISCAYNE BLVD., SUITE 3550

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name David Sorensen

Street Address (P.O. Box Number is Not Acceptable)

2800 West Stonebrook Circle

City Davie

FL

Zip Code 33330

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.

3/15/02
DATE

9. Capital Contributions
as Shown on record.

\$1,247,737.70

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

DOCUMENT # P99000034730
NAME SORENSEN MANAGEMENT, INC.
STREET ADDRESS 2192 IMPERIAL POINT DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2800 West Stonebrook Circle
CITY-ST-ZIP Davie, FL 33330

DOCUMENT #
NAME
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CITY-ST-ZIP

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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:

David Sorensen

3/15/02

954-752-5623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE