

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017802 AF

**DOCUMENT # A99000000785**  
 1. Entity Name  
**SORKIN GROUP, LTD.**

**FILED**

01 APR 25 PM 12:13

Principal Place of Business Mailing Address  
 4721 UNIVERSITY DRIVE C/O R&S MGMT  
 CORAL GABLES FL 33146 5821 REDDMAN RD.  
 CHARLOTTE NC 28212

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0925474**  
 Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SORKIN, LAWRENCE**  
**C/O R & S MANAGEMENT**  
**7460 S.W. 48TH STREET**  
**MIAMI FL 33155**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$4,691,123.00**

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	
DOCUMENT #	P99000044263
NAME	NIKROS, INC.
STREET ADDRESS	4721 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL GABLES FL 33146
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
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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: LAWRENCE SORKIN 4/20/01 704.532-0750  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)