

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001035
 1. Entity Name
STILES NAPLES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY 22 AM 9:36



DO NOT WRITE IN THIS SPACE **MSJH**

Principal Place of Business Mailing Address
 6400 NORTH ANDEWS AVENUE 6400 NORTH ANDEWS AVENUE
 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309

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

4. FEI Number Applied For
 65-0930055 Not Applicable

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

6. Name and Address of Current Registered Agent
DUKE, BRYAN W ESQ.
6400 NORTH ANDEWS AVENUE
FT. LAUDERDALE FL 33309

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. **\$5,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **61,039.00** 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 #	P99000057868
NAME	STILES NAPLES, INC.
STREET ADDRESS	6400 NORTH ANDEWS AVENUE
CITY - ST - ZIP	FT. LAUDERDALE FL 33309
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800003243658 - - 8
CITY - ST - ZIP	05/09/00 - 01007 - 027 ***516.02 ***516.02
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: **SIGNATURE REQUIRED** 2/17/00 954/776-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
ROCCO FERRERA

CF 003 19/99

Handwritten signature/initials