

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99 60000 1401**

1. Entity Name

Twentieth Lane Properties, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 26 PM 1:25

Principal Place of Business

Mailing Address

c/o abc Distributing, Inc.

2. Principal Place of Business

14445 NE 20 Lane

Suite, Apt. #, etc.

3. Mailing Address

14445 NE 20 Lane

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33181-1411

Country

Zip

33181-1411

Country

4. FEI Number

65-0017933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Nunez, Mike c/o abc Distributing, Inc.
14445 NE 20 Lane
North Miami, FL 33181-1141

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. ---2,500,000.00---

10. Amount of Capital Contributions

in FLORIDA to date ---2,500,000.00---

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 # P97000051960
NAME Twentieth Lane Properties Inc.
STREET ADDRESS 14445 NE 20 Lane, No. Miami, FL 33181
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/8/2000

305 948-1284

Date

Daytime Phone #

CR2E003 (9/99)