

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009653 AF

**DOCUMENT #** A99000001637 *cht*

**1. Entity Name**  
S-K HOLDINGS VI, LTD.

**FILED**  
FEB 19 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**Principal Place of Business**  
155 S. MIAMI AVE. PH 2A  
MIAMI FL 33130

**Mailing Address**  
155 S. MIAMI AVE. PH 2A  
MIAMI FL 33130

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

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 65-0964450  
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**  
SEGAL, JONATHAN W  
25 SE 2ND AVENUE, STE 730  
MIAMI FL 33130

**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.** \$1,000.00

**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 |                          |
|---------------------------------|--------------------------|
| DOCUMENT #                      | P99000088022             |
| NAME                            | PANTHER COURTHOUSE INC   |
| STREET ADDRESS                  | 155 S. MIAMI AVE., PH-2A |
| CITY-ST-ZIP                     | MIAMI FL                 |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           | 500003746225--1                            |
| CITY-ST-ZIP              | 02/21/01 0111 023<br>****141.25 ****141.25 |
| 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:** *Jeff Krinsky* **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER** Jeff Krinsky **Date** 2-15-01 **Daytime Phone #** 305-374-7075

CR2E003 (11/00)