

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001713

1. Entity Name

TRIPLE OUTLET WORLD, LTD.

Principal Place of Business

C/O ESTEIN & ASSOCIATES USA, LTD.
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819

Mailing Address

C/O ESTEIN & ASSOCIATES USA, LTD.
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819-9452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGOSEN, DEAN
500 S AUSTRALIAN AVENUE
10TH FLOOR
WEST PALM BEACH FL 33401

Name Lothar Estein

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

5211 International Drive

City

Orlando

FL

Zip Code 32819

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

Lothar Estein, President of General Partner

3-30-00

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.

\$2,800,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME WELP TRIPLE OUTLET, L.C.
STREET ADDRESS C/O DEAN VEGOSEN 500 S AUSTRALIAN AVE
CITY - ST - ZIP WEST PALM BEACH FL 33401

STREET ADDRESS 700003213267--5
CITY - ST - ZIP -04/18/00--01104--017
****535.00 ****535.00

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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:

SIGNATURE REQUIRED Lothar Estein

3-30-00

407-354-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)

764 2