

2000 - REINSTATEMENT
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001801** REINSTATEMENT

1. Entry Name
Global Dealmaker LP

FILED

01 JUL 30 PM 12:11

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
3340 Paddock Road 3340 Paddock Road
Weston, Fl. 33331 Weston, Fl. 33331

2. Principal Place of Business 3. Mailing Address
3340 Paddock Road Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

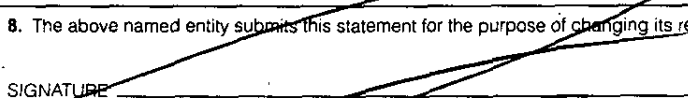
City & State City & State
Weston, Fl.
 Zip Country Zip Country
33331 USA

4. FEI Number Applied For
65-0971153 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
Sciarretta, Steven A
2300 Wiles Rd., Ste 302E
Boca Raton, Fl. 33431

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) **7/3/01** DATE


9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. **100,000** 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 #	Global Dealmaker LLC	L99-7384	STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP	3340 Paddock Road			
	Weston, Fl. 33331			
DOCUMENT #			STREET ADDRESS	400004510394--8
NAME			CITY-ST-ZIP	08/01/01-01005-032
STREET ADDRESS				***1282.50 ***1282.50
CITY-ST-ZIP				FF \$1282.50
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STREET ADDRESS				
CITY-ST-ZIP				

REINSTATEMENT

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

4-30-01
 Date Daytime Phone #

CR2E003 (11/00)