

# 2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # A99000002103

1. Entity Name

SMIGIEL PARTNERS IV, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -8 PM 1:02

Principal Place of Business  
7965 Lantana Road  
Lake Worth, FL 33467

Mailing Address  
P. O. Box 540623  
Lake Worth, FL 33454

2. Principal Place of Business  
7965 Lantana Road  
Suite, Apt. #, etc.

3. Mailing Address  
P. O. Box 540623  
Suite, Apt. #, etc.

City & State  
Lake Worth, FL 33467

City & State  
Lake Worth, FL 33454

Zip  
33467

Country  
U.S.A.

Zip  
33454

Country  
U.S.A.

4. FEI Number  
65-0889443

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

Gary Smigiel  
7965 Lantana Road  
Lake Worth, FL 33467

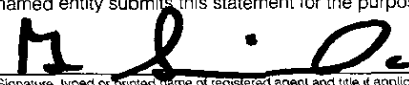
7. Name and Address of New Registered Agent

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  Gary Smigiel 11/7/00

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. 800,000.00

10. Amount of Capital Contributions in FLORIDA to date. 800,000.00


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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	A99000002103	STREET ADDRESS		
NAME	GARY SMIGIEL, L.C.	CITY-ST-ZIP		
STREET ADDRESS	P. O. Box 540623, Lake Worth			
CITY-ST-ZIP	FL 33454			
DOCUMENT #		STREET ADDRESS		
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CITY-ST-ZIP				

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\*\*\*\*535.00 \*\*\*\*535.00

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:  Gary Smigiel, L.C. 11/6/00 561-968-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)