2002 **LIMITED PARTNERSHIP**
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAY 29 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000002195

1. Entity Name

PROMUTO ENTERPRISES, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2800 YACHT CLUB BLVD	2800 YACHT CLUB BLVD
Suite, Apt. #, etc. N2	Suite, Apt. #, etc. N2
City & State Ft. LAUDERDALE, FL	City & State Ft LAUDERDALE, FL
Zip 33304 Country	Zip 33304 Country

DUE BY MAY 1

4. FEI Number 65-0973709 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BERNARD SINGER

Street Address (P.O. Box Number is Not Acceptable) 4925 SHERIDAN ST
Suite A

City HOLLYWOOD FL Zip Code 33021

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
10,000,000.00		

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 #		STREET ADDRESS	
NAME	PROMUTO MANAGEMENT, INC	CITY-ST-ZIP	700005695717--1
STREET ADDRESS	2800 YACHT CLUB BLVD #N2		-06/07/02--01008--023
CITY-ST-ZIP	Ft. LAUDERDALE, FL 33304		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS			IN THIS SPACE
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		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

Date _____ Daytime Phone # _____