

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

DOCUMENT # A99000002195

1. Entity Name

Promuto Enterprises, LTD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2800 YACHT CLUB BLVD

Suite, Apt. #, etc.

N-2

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

Zip

33304

Country

Zip

Country

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

DUE BY MAY 1

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

10,000,000

10. Amount of Capital Contributions
in FLORIDA to date.

3,772,881

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 # Promuto Management, Inc
NAME 2800 YACHT CLUB BLVD, #N2
STREET ADDRESS FT. LAUDERDALE, FL 33304
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6/8/03

954 564 9208

CR2E003B (12/01)

STAPLE CHECK HERE