

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # B95000000009**

1. Entity Name  
**ALFRED S. ROSS, LTD.**

**FILED**  
**02 FEB 27 PM 3: 01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business  
**2770 S. OCEAN BLVD., APT. 301N**  
**PALM BEACH FL 33480**

Mailing Address  
**% MORRIS ENGELBERG. ESQ.**  
**3230 STIRLING ROAD**  
**HOLLYWOOD FL 33021**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0179442** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHAW, TIMOTHY S ESQ.**  
**KIRK PINKERTON**  
**720 SOUTH ORANGE AVE.**  
**SARASOTA FL 34236**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ROSS, ALFRED S</b> <b>% MORRIS ENGELBERG ESQ./3230 STIRLING RD.</b> <b>HOLLYWOOD FL 33021</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<del>400005041844-7</del>
CITY-ST-ZIP	<del>03/04/02 01113 001</del> <del>***141.25 ***141.25</del>
STREET ADDRESS	<del>400005041844-7</del>
CITY-ST-ZIP	<del>***141.25 ***141.25</del>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:**  **2-16-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (9/01)