

2000 UNIFORM BUSINESS REPORT (UBR)

① :

DOCUMENT # B96000000368

1. Entity Name

F & H PROPERTIES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5720 PONTIAC TRAIL
WEST BLOOMFIELD MI 48323

Mailing Address
5720 PONTIAC TRAIL
WEST BLOOMFIELD MI 48323

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **38-3238835** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCARFO, MIKE
750 ANDOVER CIRCLE
WINTER SPRINGS FL 32708

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 **7/14/00**

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. **\$9,800.00** 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

13. ADDRESS CHANGES ONLY

| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
|------------|-----------------------|---------------------------|---------------------------------|----------------|-------------|
| | MASRI, HAITHAM | 5720 PONTIAC TRAIL | WEST BLOOMFIELD MI 48323 | | |
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CR2E003 (5/00)

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

190 + 8.75
Date **7/14/00** Daytime Phone #