2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUN 1. Entity Name	MENT#	LO	00000	002085					FII	LEĎ		
-	BATEWAY BUSINESS PARK L.C.							01 APR 23 PM 5: 17				
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Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2100 PARK CENTRAL BLVD. NORTH. STE. 900 2100 PARK CENTRAL BLVD. POMPANO BEACH FL 33064 POMPANO BEACH FL 3306										ann Eath	·IUA	•
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2. Principal Pla	ace of Business		3.	Mailing Address	·							
Suite, Apt. #	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NO	T WRITE IN	THIS SPACE		
City & State	City & State			City & State				Number 0984546	,		_+ <u> </u>	plied For t Applicable
Zip	Co	ountry		Zip	Cour	ntry	5. Cer	tificate of Status De	sired	\$5.00	0 Add	itional
	6. Name and	Address of	Current Regis	stered Agent			7. Nan	e and Address of	New Regist	Tee Retered Agent	•)
	TARASS 50	•				Name						•
KLEIN, THEODORE J ESQ. 88 N.E. 168 STREET NORTH MIAMI BEACH FL 33162						Street Ac	dress (P.O. Box	Number is Not Acco	eptable)			
											_	
						City	•	,		FL Zip	Code	•
8. The above n	named entity sub	mits this state	ement for the (purpose of changing	its register	ed office or	registered agent	or both, in the Stat	e of Florida.			
SIGNATURE					_							
SIGNATURE	named entity sub				_		registered agent			DATE		
SIGNATURE				if applicable. (N	OTE: Registere	ed Agent signatur	re required when reinsta			DATE		
SIGNATURE		ed name of regist	tered agent and title	if applicable. (N FILE Make Check I	OTE: Registere NOW!!! Payable t	FEE IS \$5	re required when reinsta	ting)				
SIGNATURE		ed name of regist		if applicable. (N FILE Make Check I	NOW!!! Payable t	ed Agent signatur FEE IS \$1	re required when reinsta	ting)		INGES	ange	√ Addition
SIGNATURE		ed name of regist	tered agent and title	if applicable. (N FILE Make Check I	NOW!!! Payable t 10. TITL NAM	FEE IS \$3 to Departm	re required when reinsta	ADDI	TIONS/CHA		ange	☆ Addition
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