


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013691 AT

**DOCUMENT #** A01000000238

1. Entity Name  
**SHAH FAMILY OF CENTRAL FLORIDA, LTD.**



FILED

03 APR 22 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4918 SAINT CROIX DRIVE  
TAMPA FL 33629**

Mailing Address  
**4918 SAINT CROIX DRIVE  
TAMPA FL 33629**

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, 2003**

6. Name and Address of Current Registered Agent

**SHAH, CHUNILAL P  
4918 SAINT CROIX DRIVE  
TAMPA FL 33629**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. <b>\$250,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <del>250,000</del>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 <b>CHUNILAL P. SHAH AND KANTA C. SHAH CO-TRUS</b>	STREET ADDRESS	
	STREET ADDRESS <b>4918 SAINT CROIX DRIVE</b>		
	CITY-ST-ZIP <b>TAMPA FL 33629</b>	CITY-ST-ZIP	<b>200016688372</b>
			<b>04/22/03--01058--021 **526.25</b>
DOCUMENT #	NAME <b>KANTA C. SHAH AND CHUNILAL P. SHAH CO-TRUS</b>	STREET ADDRESS	
	STREET ADDRESS <b>4918 SAINT CROIX DRIVE</b>		
	CITY-ST-ZIP <b>TAMPA FL 33629</b>	CITY-ST-ZIP	
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	STREET ADDRESS		
	CITY-ST-ZIP	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 OF CHUNILAL P. SHAH (727) 4-15-03 726-1646

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

CR2E003 (10/02)

STAPLE CHECK HERE