

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009260 AT

DOCUMENT # **A32754**

1. Entity Name
VITTORIO HOLDINGS, LTD.



FILED

03 FEB 20 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2444 PROVENCE CIRCLE
WESTON FL 33327**

Mailing Address
**C/O GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
MIRAMAR FL 33025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0321076**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**GELBER, RONALD S
GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
MIRAMAR FL 33025**

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

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

DATE

9. Capital Contributions as Shown on record. **\$503,468.54**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 **BECERRA, JOSEPH**
STREET ADDRESS **2444 PROVENCE CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

600012862556
02/20/03 01034 001 **326.25

M THOMAS

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/12/03 954-137-8899
Date Daytime Phone #

CR2E003 (10/02)