

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011891 AT

DOCUMENT # **A94000001583**

1. Entity Name

**THOMAS L. & DEBORAH W. ALTMAN FAMILY LIMITED PARTNERSHIP**

FILED

02 APR 18 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1000 N.E. 2ND STREET  
BELLE GLADE FL 33430

Mailing Address

1000 N.E. 2ND STREET  
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0537590

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

7. Name and Address of New Registered Agent

MCCROAN, E.J.  
641 N.W. 9TH STREET  
BELLE GLADE FL 33430

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

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

DATE

9. Capital Contributions as Shown on record.

**\$1,754,718.00**

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  
**ALTMAN, THOMAS L  
1000 N.E. 2ND STREET  
BELLE GLADE FL 33430**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ALTMAN, DEBORAH W  
1000 N.E. 2ND STREET  
BELLE GLADE FL 33430**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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:

**NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02

Day

Daytime Phone #

CR2E003 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 3, 2002

CAPITALVISION INTERNATIONAL CORP.  
12915 SW 72ND TERRACE  
MIAMI, FL 33183 US

SUBJECT: CAPITALVISION INTERNATIONAL CORP.  
Ref. Number: F24812

We have received your document for CAPITALVISION INTERNATIONAL CORP. and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

Please be advised the above reference corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. Our records indicate the 2001 annual report/uniform business report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee, only the report fees for each year is required to make the corporation active.

The total amount required is \$300.00. Add an additional \$8.75 for each certificate of status requested.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 902A00019696