2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001065

1. Entity Name

THE GORI FAMILY LIMITED PARTNERSHIP

FILED

00 MAY -4 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1728 NE 23RD AVE.
FT. LAUDERDALE FL 33305

Mailing Address
%P.G. INVESTMENTS, INC., GENERAL PARTNER
1728 NE 23RD AVE.
FT. LAUDERDALE FL 33305-2628

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0593188 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQUIRE
1177 SE 3RD AVE.
FT. LAUDERDALE FL 33316

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $5,000.00

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 #	P95000050950	STREET ADDRESS	
NAME	P.G. INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1728 NE 23RD AVE.		
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		
DOCUMENT #		STREET ADDRESS	400003287724--9
NAME		CITY-ST-ZIP	-06/14/00--01005--001 *****52.50 *****52.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400003287724--9
NAME		CITY-ST-ZIP	-06/14/00--01005--002 *****88.75 *****88.75
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 REQUIRED — 2-28-00 — 954 755-1760

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

000616 0 N

CR 00 MAY 04 PM 12:00