


2001 UNIFORM BUSINESS REPORT (UBR)

0006241 AF

DOCUMENT # A95000001065
1. Entity Name
 THE GORI FAMILY LIMITED PARTNERSHIP

FILED
 01 APR 16 AM 10:16
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-0593188 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| WACHS, JEFFREY S ESQUIRE 1177 SE 3RD AVE. FT. LAUDERDALE FL 33316 | | | 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 _____ (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.** 5000.00 **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 | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 6.00004102376--7 |
| NAME | | CITY-ST-ZIP | -05/01/01-01065-025 |
| STREET ADDRESS | | | ****141.25 ****141.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: 4/10/01 Daytime Phone #: 954 205-7022

CR2E003 (11/00)