


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011008 AT

DOCUMENT # A95000001065

1. Entity Name
THE GORI FAMILY LIMITED PARTNERSHIP



FILED
03 JAN 21 AM 8:09
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
Suite, Apt. #, etc.
City & State
Zip Country

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

DUE BY MAY 1, 2003

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. 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. **\$5,000.00**

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 # | P95000050950 |
| NAME | P.G. INVESTMENTS, INC. |
| STREET ADDRESS | 1728 NE 23RD AVE. |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33305 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | 500010385255 01/21/03--01040--013 **352.50 |
| STREET ADDRESS | |
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| 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** 1-16-03 854.205:7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)