

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000002011**

1. Entity Name

THE TENAGLIA FAMILY PARTNERSHIP, LTD.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business Mailing Address
**1500 E. Las Olas Blvd. Suite 203
Ft. Lauderdale, FL 33301** **1500 E. Las Olas Blvd. Suite 203
Ft. Lauderdale, FL 33301**

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 Applied For
65-0629037 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

**TENAGLIA, JOHN F.
1500 E. Las Olas Blvd.
Suite 203
Ft. Lauderdale, FL 33301**

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. **\$158,363.20**

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

**P95000094053
John Tenaglia Consulting, Inc.
1500 E. Las Olas Blvd. #203
Ft. Lauderdale, FL 33301**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **200003247022-9**
CITY-ST-ZIP **-05/10/00--01094--001**
STREET ADDRESS ******526.25 ****526.25**
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
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:

**John F. Tenaglia,
Manager**

4/18/00
Date

(954) 525-8500
Daytime Phone #

CR2E003 (9/99)