

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A96000000474

1. Entity Name

TARGET CAPITAL, LTD.

FILED

02 MAR 25 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

MLH

2. Principal Place of Business

4800 N Federal Highway

3. Mailing Address

3896 Tarpon Pointe Cir

Suite, Apt. #, etc.

208-A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Boca Raton, FL 33487

City & State

Palm Harbor, FL 34684

4. FEI Number

59-3369806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert Zuccaro

Street Address (P.O. Box Number is Not Acceptable)

3896 Tarpon Pointe Circle

Palm Harbor, FL 34684

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

\$8,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$8,000

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

Robert Zuccaro
3896 Tarpon Pointe Circle
Palm Harbor, FL 34684

STREET ADDRESS

CITY-ST-ZIP

500005180685--4

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

-04/01/02--01088--009

******144.75 ****144.75**

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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:

Robert Zuccaro

Robert Zuccaro

3/21/02

561-394-5712

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Phone Number

CR2E003B (12/01)

STAPLE CHECK HERE