

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001760**

1. Entity Name
THE CABRERA FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**540 HUNTING LODGE DRIVE
MIAMI SPRINGS FL 33166**

Mailing Address
**540 HUNTING LODGE DRIVE
MIAMI SPRINGS FL 33166**

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **65-0755050**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PESTAND, ANTOIN
7400 NW 9 ST
PLANTATION FL 33317~~

Name **Oscar Duranga, CPA**
Street Address (P.O. Box Number is Not Acceptable)

10300 S.W. 72ND ST. Suite #284
City **Miami** FL Zip Code **33173**

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

7/30/2001

DATE

9. Capital Contributions as Shown on record. **\$427,000.00**

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 #
NAME **CABRERA, EVELIO**
STREET ADDRESS **540 HUNTING LODGE DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/30/2001 (705) 638-8639

Date

Daytime Phone #

CR2E003 (5/01)