

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009262 AT

DOCUMENT # **A96000001895**

1. Entity Name
THE DAVID FAMILY LIMITED PARTNERSHIP



FILED
03 FEB -4 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8280 S.W. 105TH STREET
MIAMI FL 33156

Mailing Address
GELBER & COMPANY
11450 INTERSHANCE CIRCLE NORTH
MIRAMAR FL 33025



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0705327	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	
DAVID, GLORIA F 8280 S.W. 105TH STREET MIAMI FL 33156		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. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	DAVID, GLORIA F	STREET ADDRESS	
NAME	8280 S.W. 105TH STREET	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33156	STREET ADDRESS	01/21/03-0001-001 **528.25
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	400010386584
CITY-ST-ZIP		CITY-ST-ZIP	01/21/03-01051-001 **528.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Gloria David* **SIGNATURE REQUIRED** **1/30/03** **305 274 392**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)