

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002311 AV

DOCUMENT # **A96000002443**

FILED

1. Entity Name

**GENET FAMILY LIMITED PARTNERSHIP**

02 FEB -7 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

19080 NE 29TH AVE.  
AVENTURA FL 33180

19080 NE 29TH AVE.  
AVENTURA FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0717732**

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

**NELSON, BARRY A ESQ.  
NELSON & LA FEMINA, ONE TURNBERRY PL.#609  
19495 BISCAYNE BLVD.  
AVENTURA FL 33180**

Name  
**Nelson, Barry A. Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**Nelson & Levine, P.A.**

**2775 Sunny Isles Blvd., Suite 118**

City  
**North Miami Beach**

**FL**

Zip Code  
**33160**

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

*By [Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

**1/22/02**

9. Capital Contributions as Shown on record.

**\$4,000,000.00**

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 #	<b>P96000102066</b>
NAME	<b>GENET FAMILY HOLDINGS, INC.</b>
STREET ADDRESS	<b>19080 NE 29TH AVE.</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300004917853</b>
CITY-ST-ZIP	<b>02/14/02--01005--012</b>
	<b>***535.00 ***535.00</b>
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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/7/02**  
Date

**305-933-8700**  
Daytime Phone #

CR2E003 (9/01)