

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

02 APR -8 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001032
AV

DOCUMENT # A97000001017

1. Entity Name
DOUGLAS B. SMITH FAMILY LTD.

Principal Place of Business
**25975 S.W. 182ND AVENUE
HOMESTEAD FL 33031**

Mailing Address
**C/O MARSHA MADORSKY
100 S.E. 2ND STREET. #4000
MIAMI FL 33131**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0722099** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MADORSKY, MARSHA G
100 S.E. 2ND STREET, SUITE 4000
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name **CERA, LLC**
Street Address (P.O. Box Number is Not Acceptable) **One Harbour Place**
777 S. Harbour Island Blvd.
City **Tampa** FL Zip Code **33602**

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 *CERA, LLC by Peter J. Winder* DATE **3/18/02**
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$354,429.00**

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

DOCUMENT #	P96000090569
NAME	CIRCLE D ENTERPRISE, INC.
STREET ADDRESS	25975 S.W. 182ND AVENUE
CITY-ST-ZIP	HOMESTEAD FL 33031
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	
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: *[Signature]* **01-25-02** **(205) 245-7848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE