

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

UBR032  
A1

DOCUMENT # **A97000001182**

1. Entity Name

**BIANCO FAMILY, LTD.**

02 JUN -4 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**936 INTRACOASTAL DRIVE, #11C  
FORT LAUDERDALE FL 33304**

Mailing Address

**936 INTRACOASTAL DRIVE, #11C  
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

**6361 SW 38th Court**

3. Mailing Address

**6361 SW 38th Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

**Davie, FL**

City & State

**Davie, FL**

4. FEI Number

**65-0753474**

Applied For

Not Applicable

Zip

**33314**

Country

**USA**

Zip

**33314**

Country

**USA**

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

**COHN, ALAN B**

**ABRAMS ANTON ROBBINS RESNICK & SCHNEIDER**

**2021 TYLER STREET**

**HOLLYWOOD FL 33022**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

**\$3,162,000.00**

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  
STREET ADDRESS  
CITY-ST-ZIP

**BIANCO, LOUIS A  
936 INTRACOASTAL DRIVE, #11C  
FORT LAUDERDALE FL 33304**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
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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]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/26/02 944735295  
Date Daytime Phone #

CR2E003 (9/01)