

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001900**

1. Entity Name

FRANK MOYA LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 AM 11:05

Principal Place of Business
801 ARTHUR GODFREY ROAD, SUITE 400
MIAMI BEACH FL 33140

Mailing Address
801 ARTHUR GODFREY ROAD, SUITE 400
MIAMI BEACH FL 33140-3323



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		58-2501933		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MOYA, FRANK 801 ARTHUR GODFREY ROAD, SUITE 400 MIAMI BEACH FL 33140				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
9. Capital Contributions as Shown on record.	\$100.00	10. Amount of Capital Contributions in FLORIDA to date.	300,100.00
		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 #	MOYA, FRANK	STREET ADDRESS	500003292225-9
NAME	801 ARTHUR GODFREY ROAD, SUITE 400	CITY-ST-ZIP	MIAMI BEACH FL 33140
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	MOYA, FRANK III	STREET ADDRESS	28 Cleftstone Rd
NAME	28 CLEFTSTONE ROAD	CITY-ST-ZIP	Bar Harbor, ME 04609
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 REQUIRED

FRANK MOYA

11/0/00

(305)

673-4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CF-2500-0 (1/91)