

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001934**

1. Entity Name

DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business 2502 ROCKY POINT DRIVE, SUITE 1000 TAMPA FL 33607	Mailing Address 2502 ROCKY POINT DRIVE, SUITE 1000 TAMPA FL 33607-1449
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

GORDON, BRUCE
C/O SHUMAKER, LOOP, KENDICK, LLP
2501 ROCKY POINT DRIVE, SUITE 1000
TAMPA FL 33607

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$10,000.00** 10. Amount of Capital Contribution in FLORIDA to date. **\$10,000.00** 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 # **P99000102039**
NAME **DIASTI MANAGEMENT, INC.**
STREET ADDRESS **2502 ROCKY POINT DRIVE, SUITE 1000**
CITY - ST - ZIP **TAMPA FL 33607**

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2/21/00** Daytime Phone # **813-288-1999**

Teruk Diasti, as President of General Partner

CDP/03/01/00