

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000524**

1. Entity Name

**CABRERIZO FAMILY LIMITED PARTNERSHIP 95-1**

**FILED** *LR 4/20*  
**00 APR 12 PM 3:29**

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **9800 N.W. 78 AVENUE HIALEAH GARDENS FL 33016**  
 Mailing Address: **9800 N.W. 78 AVENUE HIALEAH GARDENS FL 33016-2402**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **65-0661031**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WOLFE, RICHARD C ESQ**  
**20803 BISCAYNE BOULEVARD, SUITE 200**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$1,000.00**  
 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	
DOCUMENT #	<b>P95000007770</b>
NAME	<b>CABRERIZO FAMILY HOLDINGS, INC.</b>
STREET ADDRESS	<b>9800 N.W. 78 AVENUE</b>
CITY - ST - ZIP	<b>HIALEAH GARDENS FL 33016</b>
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	<b>000003222800--9</b>
CITY - ST - ZIP	<b>04/25/00--01040--024</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: **Tomás Cabrerizo** Date: **4/3/00** Daytime Phone #: **(305) 826-9098 x224**

CR2E003 (9/99)