

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002850 AF

DOCUMENT # **A95000000524**

1. Entity Name

**CABRERIZO FAMILY LIMITED PARTNERSHIP 95-I**

**FILED**

**01 FEB 12 AM 11:35**

Principal Place of Business

**9800 N.W. 78 AVENUE  
HIALEAH GARDENS FL 33016**

Mailing Address

**9800 N.W. 78 AVENUE  
HIALEAH GARDENS FL 33016**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**65-0661031**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WOLFE, RICHARD C ESQ  
20803 BISCAYNE BOULEVARD, SUITE 200  
AVENTURA FL 33180**

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.

(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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000007770**  
NAME **CABRERIZO FAMILY HOLDINGS, INC.**  
STREET ADDRESS **9800 N.W. 78 AVENUE**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

STREET ADDRESS

CITY-ST-ZIP

**200003708412--4**

**-02/16/01--01144--018**

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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**

**TOMAS R. CABRERIZO**

**2/7/01 826-9098#224**

Date

Daytime Phone #

CR2E003 (11/00)