

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM****Secretary of State****DOCUMENT # A96000002056**1. Entity Name
THE SANCHEZ FAMILY LIMITED PARTNERSHIP

Principal Place of Business		Mailing Address	
780 N.W. 42ND AVENUE, SUITE 616		780 N.W. 42ND AVENUE, SUITE 616	
MIAMI 33126	FL	MIAMI 33126	FL

2. Principal Place of Business	3. Mailing Address
780 N.W. 42ND AVENUE, SUITE 616	780 N.W. 42ND AVENUE, SUITE 616

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 616	SUITE 616

City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33126	US	33126	US

4. FEI Number	Applied For
65-0707319	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ ROBERTO
780 N.W. 42ND AVENUE, SUITE 616

MIAMI
33126 FL
US

7. Name and Address of New Registered Agent

Name
SANCHEZ ROBERTO

Street Address (P.O. Box Number is Not Acceptable)
780 N.W. 42ND AVENUE, SUITE 616

SUITE 616

City
MIAMI FL Zip Code
33126

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 **04/18/2001**

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. **5,000,000.00**10. Amount of Capital Contributions
in FLORIDA to date. **5,000,000.00****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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SANCHEZ ROBERTO	780 N.W. 42ND AVENUE, SUITE 616	MIAMI FL 33126

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13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	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: **ROBERTO SANCHEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

G 04/18/2001

Date

Daytime Phone #

CR2E003 (11/00)