

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25502**

1. Entity Name

TEXAS INVESTMENT, LTD.

FILED

01 APR 26 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

132 MINORCA AVE.
CORAL GABLES FL 33134

Mailing Address

132 MINORCA AVE.
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

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

7. Name and Address of New Registered Agent

SULLIVAN, JOHN
2600 GRANADA BLVD.
CORAL GABLES, FL FL 33134.

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.

\$10,000.00

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 # M62508
NAME TEXAS INVEST. GENERAL
STREET ADDRESS 132 MINORCA AVE.
CITY-ST-ZIP CORAL GABLES FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F94000001441
NAME CENTENNIAL TRADE INC.
STREET ADDRESS P.O. BOX 6-1014, EL DORADO N/A
CITY-ST-ZIP PANAMA, REP. OF PANAMA

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/2001

Date

305-381-8340

Daytime Phone #

CR2E003 (11/00)