

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001900**

1. Entity Name

FRANK MOYA LIMITED PARTNERSHIP

01 MAY -4 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**801 ARTHUR GODFREY ROAD, SUITE 400
MIAMI BEACH FL 33140**

**801 ARTHUR GODFREY ROAD, SUITE 400
MIAMI BEACH FL 33140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1320 S. Dixie Highway

3. Mailing Address
1320 S. Dixie Highway

Suite, Apt. #, etc.
1060

Suite, Apt. #, etc.
1060

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
58-2501933

Applied For
Not Applicable

Zip
33146

Country
USA

Zip
33146

Country
USA

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

**MOYA, FRANK
801 ARTHUR GODFREY ROAD, SUITE 400
MIAMI BEACH FL 33140**

Name
Street Address (P.O. Box Number is Not Acceptable)
1320 S. Dixie Highway
Suite 1060
City
Coral Gables, FL Zip Code
33146

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

9. Capital Contributions as Shown on record.

\$300,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MOYA, FRANK
801 ARTHUR GODFREY ROAD, SUITE 400
MIAMI BEACH FL 33140**

STREET ADDRESS
CITY-ST-ZIP
**1320 S. Dixie Highway, Ste. 1060
Coral Gables, FL 33146**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MOYA, FRANK III
28 CLEFTSTONE ROAD
BAL HARBOR ME 04609**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
**1000004375511-4
-06/07/01 --01062--009
****526.25 ****526.25**

DOCUMENT #
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STREET ADDRESS
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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: **X** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Frank Moya

Date

Daytime Phone #

4/27/01 (305) 666-3002