

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 15 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000702

1. Entity Name

MOCERI MANAGEMENT, LIMITED PARTNERSHIP

Principal Place of Business

8743 THOMAS DR., #1131
PANAMA CITY BEACH FL 32408

Mailing Address

2 W. WESLEY RD.
ATLANTA GA 30305



2. Principal Place of Business

3. Mailing Address

1100 JOHNSON FERRY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1050

City & State

City & State

ATLANTA GA

Zip

Country

Zip

Country

30342

USA

DUE BY MAY 1, 2002

4. FEI Number

582601529

Applied For

Not Applicable

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

GOODSTADT, DANIEL

950 S. MIAMI AVE.

MIAMI FL 33130

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.

3/11/02
DATE

9. Capital Contributions
as Shown on record.

\$200.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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

MOCERI, ANTONIA
2 W. WESLEY RD.
ATLANTA GA 30305

STREET ADDRESS
CITY-ST-ZIP

54 W. BROOKHAVEN DR.
ATLANTA GA 30319

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

RIGGS, EILEEN
4044 GLENLAKE TRACE
KENNESAW GA 30144

STREET ADDRESS
CITY-ST-ZIP

602 HARBOR LANDING
ROSWEEL, GA 30076

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/02

Date

404-257-5710

Daytime Phone #

CR2E003 (9/01)

0006240
AT