

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # A97000002949

1. Entity Name

The Suarez Family Limited Partnership

02 MAY -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 Pacific Road

Suite, Apt. #, etc.

3. Mailing Address

301 Pacific Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

Zip

33149

Country

4. FEI Number

65-0842177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Trescott, Robert L.

Street Address (P.O. Box Number is Not Acceptable)

2121 Ponce De Leon Blvd.

Suite 900

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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 registrant agent and title, if applicable.

DATE

9. Capital Contributions

as Shown on record.

\$400,000.00

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

DOCUMENT #

NAME

Suarez, Gaston M

STREET ADDRESS

301 Pacific Road

CITY-ST-ZIP

Key Biscayne, FL 33149

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

Suarez, Marta N

STREET ADDRESS

301 Pacific Road

CITY-ST-ZIP

Key Biscayne, FL 33149

STREET ADDRESS

CITY-ST-ZIP

900005556459-6

05/17/02-01026-010

****526.25 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GASTON SUAREZ

Date

Daytime Phone #

13/28/02 (305) 591-8050

CR2E003B (12/01)

STAPLE CHECK HERE