

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010633 AT

DOCUMENT # A01000001067

1. Entity Name
NAROCA PARTNERS III, LTD.



FILED

03 JUL 18 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10250 SW 56 ST.
A-201
MIAMI FL 33165

Mailing Address
10250 SW 56 ST.
A-201
MIAMI FL 33165

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 65-1126492

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

AMKGS REGISTERED AGENTS, INC.
ONE SOUTHEAST THIRD AVENUE, SUITE 2250
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ramon Mestre*
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P97000086453
NAME NAROCA CONSTRUCTION COMPANY I
STREET ADDRESS 10250 SW 56 ST. A-201
CITY-ST-ZIP MIAMI FL 33165

STREET ADDRESS 5601 S.W., 1030
CITY-ST-ZIP MIAMI, FL 33173
200018462192
05/07/03--01094--007 **228.75

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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

Date

Daytime Phone #

CR2E003 (10/02)