

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004199 AF

**DOCUMENT #** A00000000050

**1. Entity Name**  
BERNARD FULLER FAMILY LIMITED PARTNERSHIP

**FILED**

*mf*

**Principal Place of Business**  
2601 S. BAYSHORE DR.  
SUITE 1500  
MIAMI FL 33133

**Mailing Address**  
2601 S. BAYSHORE DR.  
SUITE 1500  
MIAMI FL 33133

01 APR -6 PM 12: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2. Principal Place of Business**  
201 ALHAMBRA CIR, #602

**3. Mailing Address**  
201 Alhambra Cir, #602

DO NOT WRITE IN THIS SPACE

**City & State**  
CORAL GABLES, FL

**City & State**  
CORAL GABLES, FL

**Zip** 33134 **Country** US

**4. FEI Number**  
65-0971331

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
FULLER, ALLEN D  
2601 S. BAYSHORE DR.  
SUITE 1500  
MIAMI FL 33133

**7. Name and Address of New Registered Agent**  
Name: Fuller, Allen D.  
Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIR, #602  
SUNTRUST PLAZA  
City: CORAL GABLES FL Zip Code: 33134

**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]* DATE: 3/26/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions as Shown on record.** \$0.00

**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 #	P97000059323	STREET ADDRESS	201 ALHAMBRA CIR, #602
NAME	FULLER FAMILY PARTNERS, INC.	CITY-ST-ZIP	CORAL GABLES, FL 33134
STREET ADDRESS	2601 S. BAYSHORE DR.		
CITY-ST-ZIP	MIAMI FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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\*\*\*\*150.00 \*\*\*\*150.00

**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 **3/26/01** **305/445-7150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)