

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000109

1. Entity Name

THE MUNDI ENTERPRISES LIMITED PARTNERSHIP

9/28/01

Principal Place of Business
8065 LOS PINOS CIRCLE
CORAL GABLES FL 33143

Mailing Address
C/O PEACE INVESTMENTS, INC.
8065 LOS PINOS CIRCLE
CORAL GABLES FL 33143

FILED
01 NOV 26 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

65-1006777

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

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record:

\$5,000.00

10. Amount of Capital Contributions in FLORIDA to date:

\$5,000.00

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 # P0000004486
NAME PEACE INVESTMENTS, INC.
STREET ADDRESS 8065 LOS PINOS CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33143

STREET ADDRESS

CITY-ST-ZIP

600004739746--2

12/26/01--01031--018

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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 # ADM - 400.00
NAME AR 52.50
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # AR SUPP 88.75
NAME
STREET ADDRESS
CITY-ST-ZIP 541.25

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] SIGNATURE REQUIRED
S. Skrande

9/14/01

305-639-9939

STAPLE CHECK HERE

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CR2E003 (5/01)