

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005265 AF

**DOCUMENT #** A00000000166


**1. Entity Name**  
THE LOMBARDO FAMILY LIMITED PARTNERSHIP

**Principal Place of Business**  
7460 S.W. 130TH STREET  
MIAMI FL 33156

**Mailing Address**  
7460 S.W. 130TH STREET  
MIAMI FL 33156

**FILED**  
01 FEB 15 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** ☒ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
LARRY D. PARKS, ESQ  
7460 S.W. 130TH STREET  
MIAMI FL 33156

**7. Name and Address of New Registered Agent**  
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. (NOTE: Registered Agent signature required when reinstating) DATE

**9. Capital Contributions as Shown on record.** \$250,000.00

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LOMBARDO, JOSEPH E	CITY-ST-ZIP	700003744887--8
STREET ADDRESS	7460 S.W. 130TH STREET		-02/21/01--01032--020
CITY-ST-ZIP	MIAMI FL 33156		***526.25 ***526.25
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LOMBARDO, SHARON	CITY-ST-ZIP	
STREET ADDRESS	7460 S.W. 130TH STREET		
CITY-ST-ZIP	MIAMI FL 33156		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<i>[Signature]</i>	CITY-ST-ZIP	
STREET ADDRESS	<i>[Signature]</i>		
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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]* **REQUIRE**

**DATE:** Feb 6, 2001 **DAYTIME PHONE #:** 205 281 5790

CR2E003 (11/00)