

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000351

1. Entity Name

WARGA FAMILY LIMITED PARTNERSHIP NO. 2

FILED

02 FEB 18 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O NELSON & ASSOCIATES.P.A.
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180

Mailing Address

C/O NELSON & ASSOCIATES.P.A.
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180

2. Principal Place of Business

2775 Sunny Isles Blvd.
Suite, Apt. #, etc.
Suite 118

3. Mailing Address

2775 Sunny Isles Blvd.
Suite, Apt. #, etc.
Suite 118

FILED

DUE BY MAY 1, 2002

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number

65-0985097

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
C/O NELSON & ASSOCIATES
19495 BISCAYNE BLVD, SUITE 609
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Nelson, Barry A.; c/o Nelson & Levine, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2775 Sunny Isles Blvd.
Suite 118
City North Miami Beach FL Zip Code 33160

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.

DATE

9. Capital Contributions
as Shown on record.

\$10,000,000.00

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 # P00000014617
NAME WARGA ENTERPRISES, INC.
STREET ADDRESS 19495 BISCAYNE BOULEVARD, STE. #609
CITY-ST-ZIP AVENTURA FL 33180

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2775 Sunny Isles Blvd., Suite 118
CITY-ST-ZIP North Miami Beach, FL 33160

DOCUMENT #
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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

2/7/02

(305) 672-4223

Date

Daytime Phone #

CR2E003 (9/01)

0002241 AV