

# 2001 UNIFORM BUSINESS REPORT (UBR)

10/4

Wt/29

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 29 PM 3:30

DOCUMENT # A000000000760

Entity Name  
Pierrews Family Partnership, LTD.

**REINSTATEMENT**

2001-2002

Principal Place of Business Mailing Address  
P.O. Box 2166216 P.O. Box 2166216  
WESTON FL 333216 WESTON FL 333216

Principal Place of Business Mailing Address  
P.O. Box 2166216 P.O. Box 2166216  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Weston FL Weston FL  
Zip Country Zip Country  
333216 Broward 333216 Broward

FEL Number Applied For  
651008183 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

Francis Pierrews  
15880 NE 9th Ave  
No. Miami Beach, FL 33162

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 *Francis Pierrews*

(NOTE: Registered Agent signature required when reinstating)

DATE 1/25/02

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 # A000000000760  
NAME Francis Pierrews  
STREET ADDRESS P.O. Box 2166216 Weston FL 333216  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
800004853598--5  
-02701702--01060--002  
\*\*\*\*288.50 \*\*\*\*288.50

DOCUMENT # 2001-  
NAME REINSTATEMENT  
STREET ADDRESS 2002  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Francis Pierrews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S GENERAL PARTNER

954-385-6721 H  
01/25/02 305 7975424  
Date Phone

1/25/02. 2 of 4

To whom it may concern.

They advised me to enclosed a memo with this annual form, Cause I have not received my annual report application. The fees they told me by the state is \$288.50 to filed the ~~partnership~~ <sup>corp.</sup>. Thank you!

Francis Perreles  
Francis Perreles

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 29 PM 3:30



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 28, 2002

EMPIRE

TALLAHASSEE, FL

SUBJECT: PIERRELUS FAMILY PARTNERSHIP, LTD.  
Ref. Number: A00000000760

*Resubmit*

RECEIVED  
02 JAN 29 PM 3:03  
DIVISION OF CORPORATIONS

We have received your document for PIERRELUS FAMILY PARTNERSHIP, LTD. and check(s) totaling \$288.50. However, your check(s) and document are being returned for the following:

We will waive the \$1,000.00 in penalty fees when you return this filing, and we will make the partnership active with your paying of the \$141.25 UBR fee for 2001 and the \$141.25 UBR fee for 2002.

So the total you're going to have to pay is \$282.50 -- not \$288.50. Perhaps you meant to request a good standing certificate. That would be an extra \$8.75, and the total would then be \$291.25.

ALSO, PLEASE NOTE that in Item 6, we need a STREET ADDRESS for the Registered Agent. The post office box address is fine for the limited partnership's mailing address, but the Registered Agent must have a STREET ADDRESS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 702A00004800

FILED  
02 JAN 29 PM 3:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Please File with Overpayment*

4 of 4

Charter Number Only  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 JAN 29 PM 3:30

VALIDATION ONLY

1/25/02 Evelyn

Requestor's Name  
 Address  
 City State ZIP Phone

CORPORATION(S) NAME

Pierrelus Family Partnership, Ltd.



Empire Toll Free: 1-800-432-3028

RECEIVED  
 02 JAN 28 PM 9:25  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                     | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                  |   |   |
| <input type="checkbox"/> Foreign                    | <input type="checkbox"/> Dissolution              | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership        | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement              | <input type="checkbox"/> Reservation              | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy             | <input type="checkbox"/> Photo Copies             | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem          | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In         | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up         |
|   |   | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

4p