

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000001447

FILED

01 APR 26 PM 5: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SUAREZ-MURIAS FAMILY PARTNERSHIP, LTD.

Principal Place of Business 275 HARBOR DRIVE KEY BISCAVNE FL 33149	Mailing Address 275 HARBOR DRIVE KEY BISCAVNE FL 33149
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4/26 DO NOT WRITE IN THIS SPACE MJH

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-1042847 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

SUAREZ-MURIAS, JORGE
275 HARBOR DRIVE
KEY BISCAVNE FL 33149

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 _____ (NOT Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$156,796.25

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 SAUREZ-MURIAS, JORGE
STREET ADDRESS 275 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAVNE FL 33149

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-2001 (305) 361-2272

Date Daytime Phone #

CR2E003 (11/00)