

2001 UNIFORM BUSINESS REPORT (UBR)

0004306 AF

DOCUMENT # A00000001632

1. Entity Name

THE ESTEVEZ FAMILY LIMITED PARTNERSHIP #1

FILED

01 MAY -1 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

999 PONCE DE LEON BLVD., S-500
CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD., S-500
CORAL GABLES FL 33134

2. Principal Place of Business

1835 W. FLAGLER ST.
Suite, Apt. #, etc.
SUITE 200

3. Mailing Address

1835 W. FLAGLER ST.
Suite, Apt. #, etc.
SUITE 200

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1047400

Applied For

Not Applicable

Zip

33135

Country

U.S.

Zip

33135

Country

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTEVEZ, OSCAR J

999 PONCE DE LEON BLVD., S-500

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ESTEVEZ, OSCAR J.

Street Address (P.O. Box Number is Not Acceptable)

1835 West Flagler St Suite 200

MIAMI

City

FL

Zip Code

33135

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,600.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
ESTEVEZ, LUCRECIA T
999 PONCE DE LEON BLVD., S-500
CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
1835 W. FLAGLER ST. - SUITE 200
MIAMI, FLORIDA 33135

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
300004220699--6
-05/16/01--0114--002
****141.25 ****141.25

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lucricia Estevez* LUCRECIA Estevez 3/29/01 305-490-0594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)