

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001632

1. Entity Name

THE ESTEVEZ FAMILY LIMITED PARTNERSHIP #1

Principal Place of Business

1835 W. FLAGLER ST., STE. #200
MIAMI FL 33135

Mailing Address

1835 W. FLAGLER ST., STE. #200
MIAMI FL 33135

2. Principal Place of Business

1835 W. Flagler St.
Suite, Apt. #, etc.
SUITE - 201

3. Mailing Address

1835 W. Flagler St.
Suite, Apt. #, etc.
SUITE 201

City & State

MIAMI Florida

City & State

MIAMI, Florida

Zip

33135

Country

US

Zip

33135

Country

US

DUE BY MAY 1, 2002

4. FEI Number

65-1047400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTEVEZ, OSCAR J

1835 W. FLAGLER ST., STE. #200

MIAMI FL 33135

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 S-201

City

MIAMI

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,600.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,600.00

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
1835 W. FLAGLER ST., STE. #200
MIAMI FL 33135

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
1835 W. Flagler St. Ste 201
MIAMI, FL 33135

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
400005170394--6
-03/26/02--01079--024
****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Lucrecia Ester 3/1/02 305 490-0594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

APPROVED
AND
FILED

02 MAR 18 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000826
AT

CR2E003 (9/01)

STAPLE CHECK HERE