

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012162 AT

DOCUMENT # A00000001921

1. Entity Name
THE DASILVA CHILDREN FAMILY LIMITED PARTNERSHIP
1



Principal Place of Business
7316 VALENCIA DRIVE
BOCA RATON FL 33433

Mailing Address
7040 W.PALMETTO PK. RD.
4-646
BOCA RATON FL 33433

FILED
03 MAR 27 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number 65-1061418

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

REINSTEIN, JOEL ESQ.
925 SOUTH FEDERAL HWY.
SUITE 325
BOCA RATON FL 33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,985,000.00

10. Amount of Capital Contributions
in FLORIDA to date. /

\$5,888,722.00

11. MAKE CHECK PAYABLE TO FL. 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 # P00000108540
NAME DASILVA FAMILY CORP.
STREET ADDRESS 7040 W.PALMETTO PK. RD. #4-646
CITY-ST-ZIP BOCA RATON FL 33433

STREET ADDRESS

CITY-ST-ZIP

500014851225

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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

Anthony E. DaSilva, President

SIGNATURE:

Anthony E. DaSilva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/03

561-488-4468

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE