

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

A00000002076

1

DOCUMENT # A00000002076

1. Entity Name

PARDO PARTNERSHIP, LLLP

FILED

02 MAR 21 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

266 W. 35 ST.
Suite, Apt. #, etc.

3. Mailing Address

266 W. 35 ST.
Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Miami, Beach, FL

City & State

Miami, Beach, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33140

Country

Zip

33140

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: ARARIZA & Fernandez Fraga PA.
Street Address (P.O. Box Number is Not Acceptable): 2100 SAREDO ST. #300

City: Coral Gables

FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Carlos P. Arariza

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

DATE

9. Capital Contributions
as Shown on record.

\$ 810,000.00

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

Delia Pardo
266 W. 35 ST.
Miami Beach, FL 33140

STREET ADDRESS

CITY-ST-ZIP

600005196226--8

-04/05/02-01070-002

BK

***1052.50 ***1052.50

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

2001 &

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

2002

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

UBR

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:

Delia Pardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

A00000002076 (2)

PARDO PARTNERSHIP, LLP
DOC.# A00000002076

FILED
02 MAR 21 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ATTN: SEAN

AS PER OUR PHONE CONVERSATION ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.


CORDIALLY
DELIA PARDO

BK