

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002142 AV

DOCUMENT-# . A01000000050

1. Entity Name

VENAMERICA FLORIDA LIMITED PARTNERSHIP LLLP

FILED

02 MAY -2 PM 2:00

Principal Place of Business

8725 N.W. 18TH TERRACE, SUITE 206  
MIAMI FL 33172

Mailing Address

8725 N.W. 18TH TERRACE, SUITE 206  
MIAMI FL 33172

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, 2002

Zip

Country

Zip

Country

4. FEI Number

05-1067178

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

~~C.T. CORPORATION SYSTEM~~  
~~1900 SOUTH PINE ISLAND ROAD~~  
~~PLANTATION FL 33324~~

Name

Michael Schwartz

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

2514 Hollywood Blvd.

Suite 508

City

Hollywood

FL

Zip Code

33020

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.

3/20/02  
DATE

9. Capital Contributions

as Shown on record.

2,200,000--

10. Amount of Capital Contributions

in FLORIDA to date. 2,200,000

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 # P01000002850  
NAME VENAMERICA MANAGEMENT, INC.  
STREET ADDRESS 8725 N.W. 18TH TERRACE, SUITE 206  
CITY-ST-ZIP MIAMI FL 33172

STREET ADDRESS

CITY-ST-ZIP

100005601071--2

05/24/02-01010-016

\*\*\*2276.25 \*\*\*\*526.25

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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:

*Robert St. George*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/01)