

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000571

1. Entity Name

JOSEPH PANIELLO NO. RAFAEL SOLER DIAZ, LTD.

Principal Place of Business

C/O PAUL J. FERLITA, C.P.A.  
2014-A EAST SEVENTH AVE.  
TAMPA FL 33605

Mailing Address

C/O PAUL J. FERLITA, C.P.A.  
2014-A EAST SEVENTH AVE.  
TAMPA FL 33605

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 15



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3720889

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

PANIELLO, JOSEPH M  
C/O PAUL J. FERLITA, C.P.A.  
2014-A EAST SEVENTH AVE.  
TAMPA FL 33605

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,000,000

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 #	
NAME	PANIELLO, JOSEPH M
STREET ADDRESS	2014-A EAST SEVENTH AVE.
CITY-ST-ZIP	TAMPA FL 33605
DOCUMENT #	
NAME	FERLITA, PAUL J
STREET ADDRESS	2014-A EAST SEVENTH AVE.
CITY-ST-ZIP	TAMPA FL 33605
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	AL / 3
STREET ADDRESS	800005291778--0
CITY-ST-ZIP	-04/18/02--01014--009
STREET ADDRESS	*****526.25 *****526.25
CITY-ST-ZIP	
STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/02

Date

Daytime Phone #

CR2E003 (9/01)

0013011 AT