

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010442 AT

**DOCUMENT #** A01000000869

**1. Entity Name**  
THE PIONEER APARTMENTS, LTD

FILED

02 FEB 14 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
12155 N.E. 6TH AVENUE  
NORTH MIAMI FL 33161  
US

**Mailing Address**  
12155 N.E. 6TH AVENUE  
NORTH MIAMI FL 33161  
US



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Pioneer Apts  
PO Box 530142  
Miami Shores, FL  
Zip 33153 Country USA

**DUE BY MAY 1, 2002**

**4. FEI Number** 65-0570724  
Applied For Not Applicable

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
GOLDEN, RICHARD A  
12000 BISCAYNE BLVD.  
SUITE 500  
NORTH MIAMI FL 33181

**7. Name and Address of New Registered Agent**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. \$1,000.00

**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 #	F9500001763
NAME	THE ALEGRO CORPORATION
STREET ADDRESS	P.O. BOX 530142
CITY-ST-ZIP	MIAMI SHORES FL 33153
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700005024747--0
CITY-ST-ZIP	-0272702--01077--028 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *Jorge Carabelli* *pres* *2/12/02* *305-757-3348*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)