

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0010900 AT

02 APR 29 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

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

HEF REGISTERED AGENT CORP.  
2601 SOUTH BAYSHORE DR., STE 600  
MIAMI FL 33133

Name **UGO CAMPELLO**  
Street Address (P.O. Box Number is Not Acceptable)  
**9830 SW 125 AVENUE**  
City **MIAMI** FL Zip Code **33186**

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 **UGO CAMPELLO** DATE **4.04.02**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CAMPELLO, UGO	STREET ADDRESS	
NAME	9830 S.W. 125TH AVENUE	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL		
CITY-ST-ZIP			
DOCUMENT #	CAMPELLO, VALERIA	STREET ADDRESS	<del>8000005449740-9</del>
NAME	9830 S.W. 125TH AVENUE	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	****141.25 ****141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000005449740-9
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		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

Date Daytime Phone #

CR2E003 (9/01)