

2002 UNIFORM BUSINESS REPORT (UBR)

LF

0009124 AT

DOCUMENT # A01000001279

1. Entity Name

NOCIE FAMILY LIMITED PARTNERSHIP

FILED

02 APR 23 AM 9:02

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



Principal Place of Business
C/O ATKINSON, DINER, STONE, MANKUTA
1946 TYLER STREET
HOLLYWOOD FL 33020

Mailing Address
C/O ATKINSON, DINER, STONE, MANKUTA
1946 TYLER STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0472906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABRA, RICHARD B

C/O ATKINSON, DINER, STONE, MANKUTA

1946 TYLER STREET

HOLLYWOOD FL 33020

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.

\$1,000,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
NOCIE, MICHAEL J
1946 TYLER STREET
HOLLYWOOD FL 33020

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

500085452035
-05/06/02-01013-023
****526.25 ****526.25

CR2E003 (9/01)

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:

Michael J. Nocie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/02

305-5312060

Date

Daytime Phone #