

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013047

DOCUMENT # A01000001291

1. Entity Name
ALVINO WILLIAMS PROPERTY, LTD.



FILED
May 20, 2003 8:00 A.M.
Secretary of State

Principal Place of Business
1705-A EAST IDELL APT A
TAMPA FL 33604

Mailing Address
18523 CROOKED LANE
LUTZ FL 33548



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, 2003

4. FEI Number **58-2645495**

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

CIMINO, FRANK JR.
18523 CROOKED LANE
LUTZ FL FL335-48

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
WILLIAMS, ALVINO SR.
563 POWELL ST.
BROOKLYN NY 11212

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/03

813
948-0822

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE

April 28, 2003

State of Florida
Department of Corporations
PO Box 6327
Tallahassee FL 32314-6327

To Whom It May Concern:

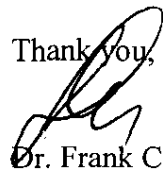
Enclosed are copies of the following Uniform Business Reports:

Williams Property Limited, Inc.	\$150.00
Williams Property Limited Vehicles, LTD.	\$52.52
Alvino Williams Property, LTD.	\$52.50

Total Payments Enclosed	\$225.00
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Please accept these reports from Dr. Frank Cimino, Registered Agent for all three companies.

Thank you,



Dr. Frank Cimino