

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001403

1. Entity Name
SHAPIRO VENTURES LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 PM 3:26

7/1/23

Principal Place of Business
1800 N.E. 114TH STREET, APT. 1610
MIAMI FL 33181

Mailing Address
1800 N.E. 114TH STREET, APT. 1610
MIAMI FL 33181



2. Principal Place of Business

3. Mailing Address

9100 So. Dadeland Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#901

DUE BY SEPTEMBER 24, 2003

City & State

City & State

Miami, Florida

4. FEI Number 65-1145766

Applied For

Not Applicable

Zip

Country

Zip
33156

Country
USA

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

SHAPIRO, BARBARA

1800 N.E. 114TH STREET, APT. 1610

MIAMI FL 33181

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.

\$100.00

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 # P01000100596
NAME SHAPIRO VENTURES, INC.
STREET ADDRESS 1800 N.E. 114TH STREET, APT. 1610
CITY-ST-ZIP MIAMI FL 33181

STREET ADDRESS

CITY-ST-ZIP

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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

7/8/03

Date

305-893-4454

Daytime Phone #

CR2E003 (4/03)

0000867 AT