

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LA-5/24

02 MAY 14 PM 3:34

DOCUMENT # A 01000001590
1. Entity Name
MONICA L. DEAL FAMILY LIMITED PARTNERSHIP
P.O. BOX ~~78206~~ 770563
Coral Springs, Florida, 33077-0563

DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
P.O. Box 770563
Suite, Apt. #, etc.
City & State
Coral Springs, Fla.
Zip
33077-0563

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number
02-0534387
5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
CorporateCreations, Inc.
Street Address (P.O. Box Number is Not Acceptable)
941 Fourth Street #200
Miami Beach, Florida
City
FL Zip Code
33139

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. \$5,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$5,000.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP

P01000113911
MONICA L. DEAL, INC.
PO BOX 16206
PLANTATION FL 33318

STREET ADDRESS

CITY - ST - ZIP

200005638752--3
-05/30/02--01008--003

STREET ADDRESS

CITY - ST - ZIP

***150.00 ***150.00

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Signature] AS AN OFFICER OF GEN. PARTNER
Date: (954) 720 7578
MAY 10, 2002

STAPLE CHECK HERE

CR2E003B (12/01)