

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012617 AT

DOCUMENT # A01000001678

1. Entity Name
KAROSAS MASTER LIMITED PARTNERSHIP



FILED

03 APR 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1295 LANDS END ROAD
PT. MANALAPAN FL 33462

Mailing Address
1295 LANDS END ROAD
PT. MANALAPAN FL 33462



2. Principal Place of Business

553 HARBOR CT.
Suite, Apt. #, etc.

3. Mailing Address

553 HARBOR CT.
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

DELRAY BCH, FL

City & State

DELRAY BCH, FL

4. FEI Number 26-0009429

Applied For
Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAROSAS, RAMOND K
1295 LANDS END ROAD
PT. MANALAPAN FL 33462

7. Name and Address of New Registered Agent -

Name RAYMOND K KAROSAS
Street Address (P.O. Box Number is Not Acceptable)

553 HARBOR CT.
City DELRAY BCH FL Zip Code 33483

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.

\$495.00

10. Amount of Capital Contributions
in FLORIDA to date.

495.00

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

DOCUMENT #
NAME KAROSAS, LINDA L TRUSTEE
STREET ADDRESS 1295 LANDS END ROAD
CITY-ST-ZIP PT. MANALAPAN FL 33462

13. ADDRESS CHANGES ONLY

STREET ADDRESS 553 HARBOR CT.
CITY-ST-ZIP DELRAY BCH, FL 33483

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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

4/18/03

Date

561-272-

4658

Daytime Phone #

CR2E003 (10/02)