

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010977 AT

DOCUMENT # A02000000156

1. Entity Name
BIANCO ENTERPRISES, LTD.



FILED

03 JUN -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
936 INTRACOASTAL DR
#11-C
FT LAUDERDALE FL 33304

Mailing Address
936 INTRACOASTAL DR
#11-C
FT LAUDERDALE FL 33304

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

431952288

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

GLASSER, GENE K
C/O ABRAMS ANTON PA
2021 TYLER ST
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. 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.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,534,745.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000006843
NAME BIANCO FAMILY OF SOUTH FLORIDA INC
STREET ADDRESS 936 INTRACOASTAL DR #11-C
CITY-ST-ZIP FT LAUDERDALE FL 33304

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 04/30/03--01010--028 **526.25

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 500017345295 04/30/03--01010--028 **526.25

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DOCUMENT # NAME 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 820, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)