

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001473

1. Entity Name
SUN BREEZE EQUITIES, LTD



FILED

03 APR 16 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
462 WEST 84TH STREET
HIALEAH FL 33014

Mailing Address
~~462 WEST 84TH STREET~~
~~HIALEAH FL 33014~~

2. Principal Place of Business

3. Mailing Address
P.O. BOX 54-6733

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
SUNFISIDE FL

4. FEI Number
03-0491708

Applied For

Not Applicable

Zip

Country

Zip
33154

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

GIL, THOMAS
462 WEST 84TH STREET
HIALEAH FL 33014

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

DATE

9. Capital Contributions as Shown on record. \$250,000.00

10. Amount of Capital Contributions in FLORIDA to date. 5000.00

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 #
NAME SUN BREEZE HOLDINGS, LC
STREET ADDRESS ~~462 WEST 84TH STREET~~
CITY-ST-ZIP ~~HIALEAH FL 33014~~

STREET ADDRESS
P.O. BOX 54-6733
CITY-ST-ZIP
SUNFISIDE FL 33154

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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: *Thomas Gil* *for Sun Breeze Holdings LC* 04.04.03 (305) 820-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

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