

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000670 AT

**DOCUMENT # A23095**

1. Entity Name  
**79TH STREET FARMERS' MARKET ASSOCIATES, LTD.**



**FILED**

**03 OCT 14 AM 8:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>3015 N.W. 79TH STREET MIAMI FL 33147</b>	Mailing Address <b>3015 N.W. 79TH STREET MIAMI FL 33147</b>
2. Principal Place of Business	3. Mailing Address

Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number <b>59-2725570</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STUDNIK, ETTIE**  
**3015 NW 79TH STREET**  
**MIAMI FL 33147**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>S43719</b>
NAME	<b>79TH ST. FARMERS ASSOCIATES INC</b>
STREET ADDRESS	<b>3015 N.W. 79TH STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33147</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300023304103</b>
CITY-ST-ZIP	<b>09/24/03--01041--011 **500.00</b>
STREET ADDRESS	<b>300023304103</b>
CITY-ST-ZIP	<b>10/14/03--01064--026 **50.00</b>
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 REQUIRED** **Qwe? 305 836 3677**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)

SAMPLE CHECK HERE