

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23276**

1. Entity Name
PEMBROKE PINES PARTNERS, LTD.



FILED

03 MAY -9 AM 10:01

SECRETARY OF STATE
TAMPAHASSSEE



Principal Place of Business
**606 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

Mailing Address
**606 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2698284**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VEGA, MANUEL
606 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

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. **\$600,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **H93447**
NAME **VEGA PEMBROKE CORPORATIO**
STREET ADDRESS **11631 NW 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **VEGA, MANUEL**
STREET ADDRESS **11631 NW 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL**

STREET ADDRESS
CITY-ST-ZIP

800018681268
05/09/03 01000 010 #4526.25

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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 #

CR2E003 (10/02)

0008977 AT