

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

AV  
002255

DOCUMENT # **A23711**

1. Entity Name

**F AND R PORT ST. LUCIE, LTD.**

02 APR 16 PM 3: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**3801 WATERWAYS BLVD  
STE 704  
AVENTURA FL 33180**

Mailing Address

**C/O JOE FRIEBES  
3801 WATERWAYS BLVD., SUITE 704  
AVENTURA FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

Zip

Country

Zip

Country

4. FEI Number

**59-2738659**

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

**FRIEDES, JOSEPH  
3801 WATERWAYS BLVD  
STE 704  
AVENTURA FL 33180**

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$1,400.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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  
STREET ADDRESS  
CITY-ST-ZIP

**FRIEDES, JOSEPH  
3801 WATERWAYS BLVD  
AVNETURA FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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CR2E003 (9/01)

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:

**JOSEPH FRIEDES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/14/02 305-935-4461**  
Date Daytime Phone #