

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010627 AT

DOCUMENT # **A24461**

1. Entity Name  
**PAPPAS PROPERTIES JOINT VENTURE I, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*W 6/6*

03 MAY -8 PM 3: 36

Principal Place of Business  
**19025 BISCAYNE BLVD.  
AVENTURA FL 33180**

Mailing Address  
**P.O. BOX 630785  
OJUS FL 33163**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2768259**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DUVAL, HARVIE S.  
1680 N.E. 135TH STREET  
NORTH MIAMI FL 33181**

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.

**\$150,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**16,843.20**

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 # **L20606**  
NAME **PAPPAS PROPERTIES, INC.**  
STREET ADDRESS **19001 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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STREET ADDRESS

CITY-ST-ZIP

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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:

*STEVEN J. PAPPAS*  
**STEVEN J. PAPPAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/25/03**  
Date

**305-931-5788**  
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE