

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24880**

1. Entity Name

CARL DOMINO ASSOCIATES, L.P., LIMITED

Principal Place of Business

580 VILLAGE BLVD

SUITE 225

W. PALM BEACH FL 33409

Mailing Address

580 VILLAGE BLVD

SUITE 225

W. PALM BEACH FL 33409

FILED

01 JUL 13 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **23-2466090**

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

DOMINO, CARL J.

580 VILLAGE BLVD

SUITE 225

WEST PALM BEACH FL 33409

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,505,000.00

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 # **P22693**
NAME **CARL DOMINO, INC.**
STREET ADDRESS **580 VILLAGE BLVD.**
CITY-ST-ZIP **W. PALM BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

800004484978--6
-07/18/01--01080--031
*******926.25 *****926.25**

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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:

SIGNATURE REQUIRED

7-10-01

(561)697-2723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0001264 AT

CR2E003 (5/01)

STAPLE CHECK HERE