

2001 UNIFORM BUSINESS REPORT (UBR)

0004161 AF

DOCUMENT # **A32176**

1. Entity Name

STATON FAMILY PARTNERSHIP LTD.

FILED

01 APR 12 PM 12:35

Principal Place of Business

Mailing Address

**2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133**

**2665 S. BAYSHORE DR., SECRETARY OF STATE
MIAMI FL 33133 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1172 So. Dixie Hwy, #481
Suite, Apt. #, etc.
#481**

One Southeast Third Avenue

**Suite, Apt. #, etc.
Suite 2130**

**City & State
Coral Gables, FL**

**City & State
Miami, FL**

4. FEI Number

65-0304381

Applied For

Not Applicable

**Zip
33146**

**Country
USA**

**Zip
33131**

**Country
USA**

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

**WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR.
SUITE 708
MIAMI FL 33133**

**Name
COPROLITE CORPORATION**

**Street Address (P.O. Box Number is Not Acceptable)
One Southeast Third Avenue, Suite 2130**

**City
Miami**

FL

**Zip Code
33131**

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

vice President

3/28/01

9. Capital Contributions
as Shown on record.

\$4,525,240.00

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
**STATON, ALBERT H., JR.
2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133**

STREET ADDRESS
CITY-ST-ZIP
**1172 So. Dixie Hwy, #481
Coral Gables, FL 33146**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**STATON, MARY JANE W.
1172 So. Dixie Hwy, #481
Coral Gables, FL 33146**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**F96000001832
STATON OPERATIONS, INC.
1172 So. Dixie Hwy, #481
Coral Gables, FL 33146**

STREET ADDRESS
CITY-ST-ZIP

**800004037418--S
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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:

Albert H. Staton, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/22/01 305-662-5504

CR2E003 (11/00)