

2002 UNIFORM BUSINESS REPORT (UBR)

0000969 AV

DOCUMENT # **A32176**

1. Entity Name

STATON FAMILY PARTNERSHIP LTD.

FILED

02 APR - 1 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1172 SO. DIXIE HWY. #481
CORAL GABLES FL 33146

Mailing Address
ONE SOUTHEAST THIRD AVE., STE. 2130
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number **65-0304381**

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

COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE, SUITE 2130
MIAMI FL 33131

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.

\$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 # **F96000001832**
NAME **STATON OPERATIONS, INC.**
STREET ADDRESS **1172 SOUTH DIXIE HIGHWAY, SUITE 481**
CITY-ST-ZIP **MIAMI FL 33146**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **STATON, ALBERT H JR**
STREET ADDRESS **1172 SOUTH DIXIE HIGHWAY, SUITE 481**
CITY-ST-ZIP **MIAMI FL 33146**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **STATON, MARY JANE W**
STREET ADDRESS **1172 SOUTH DIXIE HIGHWAY, SUITE 481**
CITY-ST-ZIP **MIAMI FL 33146**

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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

Albert H Staton Jr
General Partner

March 15, 2002

Date

305-662-5504

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE