7001-2510-0008-6259-1467

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000041

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -7 PM 3:54

LR 5/22

1. Entity Name

DE MOSS PARTNERS, LTD.

Principal Place of Business	Mailing Address
Banco Popular Center Suite 1100 208 Ponce de Leon Ave. Hato Rey, PR 00918-1036	Banco Popular Center Suite 1100 208 Ponce de León Ave. Hato Rey, PR 00918-1036

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 66-0489117 ☐ 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
ARROYO, ENRIQUE ARROYO & ARROYO, P.A. 1550 MADRUGA AVENUE, SUITE 230 CORAL GABLES, FL 33146	Name N/A 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 DE MOSS, JERRY V. BANCO POPULAR DE PUERTO RICO 208 Ponce de Leon Ave. - Suite 1100 Hato Rey, PR 00918-1036	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 700005664247--6 -06/03/02--01030--002 ****141.25 ****141.25
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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: _____