

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018610 MB

DOCUMENT # A92000000041

1. Entity Name
DE MOSS PARTNERS, LTD.



FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
BANCO POPULAR CENTER
208 PONCE DE LEON AVE., STE. 1100
HATO REY PR 00918-1036

Mailing Address
BANCO POPULAR CENTER
208 PONCE DE LEON AVE., STE. 1100
HATO REY PR 00918-1036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 66-0489117

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARROYO, NANCY M
C/O ARROYO, P.A.
6701 SUNSET DRIVE, SUITE 104
MIAMI FL 33143

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. \$0.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #
NAME DE MOSS, JERRY V
STREET ADDRESS 208 PONCE DE LEON AVE., STE 1100
CITY-ST-ZIP HATO REY PR 00918-1036

STREET ADDRESS

CITY-ST-ZIP

900018316779
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 4, 2003

Date

787-764-2298

Daytime Phone #

QR2E003 (10/02)