

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000182**

1. Entity Name

NEW FLORIDA MARKETS, LTD.

Principal Place of Business

**1750 CHOCTAW TR
MAITLAND FL 32451**

Mailing Address

**1750 CHOCTAW TR
MAITLAND FL 32451**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3155916

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

**RUSSO, JOSEPH F
1750 CHOCTAW TRAIL
MAITLAND FL 32751**

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.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**Same Amt.
150,000**

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 # **P92000004333**
NAME **RUSSO FAMILY ENTERPRISES, INC.**
STREET ADDRESS **1750 CHOCTAW TRAIL**
CITY-ST-ZIP **MAITLAND FL 32751**

STREET ADDRESS

CITY-ST-ZIP

500004422115-3
-06/15/01--01045--027
******526.25 ****526.25**

DOCUMENT # **F92000000759**
NAME **COLE CAPITAL AND CONSULTING, INC.**
STREET ADDRESS **4806 HEATHERBROOK**
CITY-ST-ZIP **DALLAS TX 75244**

STREET ADDRESS

CITY-ST-ZIP

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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.

Russo Family Enterprises, Inc., Gen. PTR

SIGNATURE: By *S. Russo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/22/01 4077405580

CP2E003 (11/00)

0001285

AF

FILED

01 MAY 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MMJH