

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000182**

1. Entity Name

**NEW FLORIDA MARKETS, LTD.**

**FILED**

**02 JUL 12 PM 4:03**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

0000040  
AT



Principal Place of Business	Mailing Address
1750 CHOCTAW TR MAITLAND FL 32451	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

**DUE BY SEPTEMBER 25, 2002**

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. 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. **\$150,000.00**

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 #	<b>P92000004333</b>
NAME	<b>RUSSO FAMILY ENTERPRISES, INC.</b>
STREET ADDRESS	<b>1750 CHOCTAW TRAIL</b>
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>
DOCUMENT #	<b>F92000000759</b>
NAME	<b>COLE CAPITAL AND CONSULTING, INC.</b>
STREET ADDRESS	<b>4806 HEATHERBROOK</b>
CITY-ST-ZIP	<b>DALLAS TX 75244</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	<b>300006452983--4</b> <b>-07/16/02--01062--005</b> <b>****926.25 ****926.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*7/8/02* **972-887-7990**

CR2E003 (4/02)

STAPLE CHECK HERE