

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 1750 CHOCTAW TR MAITLAND FL 32451	Mailing Address 1750 CHOCTAW TR MAITLAND FL 32451
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DUE BY SEPTEMBER 25, 2002

4. FEI Number 59-3155916	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUSSO, JOSEPH F 1750 CHOCTAW TRAIL MAITLAND FL 32751

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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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
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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	P92000004333 RUSSO FAMILY ENTERPRISES, INC. 1750 CHOCTAW TRAIL MAITLAND FL 32751	STREET ADDRESS CITY-ST-ZIP	300006452983--4 -07/16/02--01062--005 ****926.25 ****926.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F92000000759 COLE CAPITAL AND CONSULTING, INC. 4806 HEATHERBROOK DALLAS TX 75244	STREET ADDRESS CITY-ST-ZIP	
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/8/02 972-887-7990

CR2E003 (4/02)

STAPLE CHECK HERE