

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0012892  
AT

DOCUMENT # **A93000000813**

1. Entity Name

**ROBERT DIEZ FAMILY PARTNERSHIP, LTD.**

02 APR 15 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

17723 LIVINGSTON AVENUE  
LUTZ FL 33549

Mailing Address

17723 LIVINGSTON AVENUE  
LUTZ FL 33549



2. Principal Place of Business

2827 Max Smith Road

3. Mailing Address

2827 Max Smith Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

Lutz, FL 33549

City & State

Lutz, FL 33549

4. FEI Number

59-3199146

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DIEZ, ROBERT**  
17723 LIVINGSTON AVENUE  
LUTZ FL 33549

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.

DATE

9. Capital Contributions as Shown on record.

**\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**80,000**

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 #  
NAME **DIEZ, ROBERT**  
STREET ADDRESS **17723 LIVINGSTON AVENUE**  
CITY-ST-ZIP **LUTZ FL 33549**

STREET ADDRESS **2827 Max Smith Road**  
CITY-ST-ZIP **Lutz, FL 33549**

DOCUMENT #  
NAME **DIEZ, PILAR O**  
STREET ADDRESS **17723 LIVINGSTON AVENUE**  
CITY-ST-ZIP **LUTZ FL 33549**

STREET ADDRESS **2827 Max Smith Road**  
CITY-ST-ZIP **Lutz, FL 33549**

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STREET ADDRESS **200005309592--1**  
CITY-ST-ZIP **-04/13/02--01089--007**  
**\*\*\*526.25 \*\*\*526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Robert Diez*

4/9/02

CR2E003 (9/01)