

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000739**

1. Entity Name
UTILITY MANAGEMENT, LTD.



FILED

03 APR 15 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**777 ARTHUR GODFREY ROAD, FOURTH FLOOR
MIAMI BEACH FL 33140**

Mailing Address
**777 ARTHUR GODFREY ROAD, FOURTH FLOOR
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0534624**

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

**YAMALI, RAE
777 ARTHUR GODFREY ROAD, FOURTH FOOR
MIAMI BEACH FL 33140**

Name

Street Address (P.O. Box Number is Not Acceptable)

**000016080820
04/15/03--01087--009 **141.25**

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 **ANDREWS, ROBERT M**
STREET ADDRESS **5032 BRANDYWIND WAY**
CITY-ST-ZIP **STUART FL 34997**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **RUBIN, MARK**
STREET ADDRESS **777 ARTHUR GODFREY ROAD, FOURTH FLOOR**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **DOOLEY, RICHARD**
STREET ADDRESS **207 LAKE STREET**
CITY-ST-ZIP **EVANSTON IL 60201**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **DI GIOVANNA, CHARLES**
STREET ADDRESS **64 W. B ROTHER DR**
CITY-ST-ZIP **GREENWICH CT 06830**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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

Robin

4/7/03

305-538-4314

Date

Daytime Phone #

CR2E003 (10/02)

0002016 AV